THE CHICAGO
# MEDICAL JOURNAL.

VOL. III. MAY, 1860. NO. 5.

## Original Communications.

### ARTICLE 1.

### A CHAPTER OF ACCIDENTS.

AN OBLIQUE FRACTURE OF THE FEMUR—1½ INCH SHORTENING FROM PULLING OUT OF A LOOP OF ADHESIVE PLASTER—RUPTURE OF CALLUS AND RE-ADJUSTMENT AT THE END OF FIVE WEEKS—SPLINT KEPT ON SEVEN WEEKS FROM THE RE-RUPTURE—BONE BENT AFTERWARDS—BONE DRILLED FIVE OR SIX WEEKS FROM TIME OF BENDING, OR TWELVE OR THIRTEEN WEEKS FROM RE-RUPTURE—AFTER AN INTERVAL OF A WEEK, PRESSURE AND EXTENSION APPLIED, STRAIGHTENING THE BONE IN THREE DAYS—A LAW-SUIT FOR DAMAGES—NO VERDICT—REFERENCE TO AUTHORITIES ON SHORTENING—CASE OF DOUBLE FRACTURE—STARCH BANDAGE SHELL, AND A NEW WAY OF EXTENSION—REFERENCES TO AUTHORITIES ON BENDING OF BONE AND THE REMEDIES. BY DAVID PRINCE, M. D., Jacksonville, Ill.

James D. Reanch, a healthy boy 14 years of age, fell from a tree on the 3d of Octoher, 1859, receiving a simple oblique fracture of the upper portion of the middle third of the right femur. The direction of the fracture was from above, downward and outward, traversing a distance of three inches, measuring on the axis of the bone.

The limb was placed in Wilch's modification of Dessault's long splint. The extension was maintained by adhesive

plaster, several strips, each about an inch wide, making a loop on one side—a similar appliance upon the other side of the leg—the plaster extending from the knee two-thirds of the way to the malleola, and a cord passing from each of these loops, and fastening below the foot-piece of the apparatus. The counter-extension was maintained in the ordinary way, by means of a perineal band of muslin enclosing cotton, and fastening (each end of it) to the upper end of the shaft of the splint.

All things went on favorably for four weeks, when one of the loops of adhesive plaster pulled out, unnoticed by the attendant, thus removing all tension and allowing the bone to shorten an inch and a half.

This event surprised me, because I had supposed that, after that period, the consolidation, in a healthy boy, would prevent shortening from a relaxation of the extension. It seems however, that the consolidation was slow, as shown in the subsequent part of this history, but not so far behind the ordinary progress, but that this shortening was too great to be remedied by simple extension.

Rather than turn out a case one inch and a half too short, I determined to break up the callus; which, for reasons of policy, I did without previous notice to the family.

This re-fracture was five weeks and two days from the date of the injury, and was accomplished with the greatest ease. One hand was placed upon the seat of fracture, and the other under the knee, when with but little force applied under the knee, the fragments ceased their hold upon each other without any sound such as would come from breaking solid bony substance.

The limb was easily extended to its proper length, and kept so satisfactorily for seven weeks more, when the callous seemed to be very firm. It was considered safe to take off the splint and give the boy more freedom of motion.

On careful measurement from the superior anterior spinous process of the ilium to the internal malleolus, and again from the trochanter major to the upper extremity of the fibula, the

limb was found to be from a quarter to half an inch shorter than the other.

I gave the mother precautions not to allow sitting on a chair unless the foot was, at the same time, in another chair, the knee being stiff from confinement and involving of the muscles in callus, and that if the bone should be found to bend, to have the splint immediately re-applied.

I called as a matter of courtesy and precaution the next day, and found him dressed and sitting on a chair with his foot resting on a stool. He would not permit me to examine the limb, but my eye detected no deformity.

I dismissed the case from my mind, as a trouble ended, entirely satisfied with what I supposed the final result.

Three weeks afterwards a professional friend told me there was to be a consultation of Doctors over this case, and he thought I ought to be there. I thought so too, if there was anything the matter, and accordingly went uninvited, where I met three members of the medical profession and one of the legal. Rather ominous, thought I, but still ignorant of the case; I awaited developments.

Presently the boy came in upon his crutches, the foot hanging about three inches from the floor, and the thigh presenting a curvature of 20 or 30 deg.; such a deformity as could easily be recognized across a street.

I was thunderstruck with the appearance, and the vision of the boy on the chair, as I had last seen him, immediately appeared to me. It appeared from subsequent testimony, in the trial for mal-practice, that he sat *frequently* on a chair, sometimes with a support under the foot and sometimes without any. The first suggestion I made to the consultation was the restoration of the form of the limb, by Brainard's method of drilling, and afterwards applying mechanical force, although I thought mechanical force alone might succeed; as in Norris' note to Ferguson's Practical Surgery, (Ferguson Practical Surgery, with Notes by Norris: Lea & Blanchard, 1845; Page 340,) it appears that Dupuytren has succeeded as late as the 120th day from the receipt of the injury.

This was seventy days from the date of re-fracture, and

twenty-one days from the time of taking off the splint, and there seemed a very good chance for succeeding by mechanical means alone, without first softening the callus by drilling.

I was not permitted by the family to apply this, nor even to see it done; and in the hands of another gentleman it failed after an application during two days.

Several weeks now elapsed without treatment, after which three perforations were made through the region of fracture, by Brainard's drill, Dr. English, assisted by Dr. Edgar, having the treatment of the case. After waiting a week, extension was applied by means of a long splint, to the distal end of which the mechanical power of Jarvis' Adjuster had been attached. Lateral pressure was made by a sort of tourniquet with a hook passing under a splint upon the posterior of the limb, and a screw pressing upon the convexity of the bone. It will be readily seen, that such an instrument would readily break down any bone, if the screw were forcibly turned.

The splint having been properly padded, the extension secured by adhesive straps, the counter-extension by a well cushioned perineal band fastening to the proximal end of the long splint, and the wooden ball of the screw of the tourniquet properly secured by gutta percha and padding, from pressing directly upon the prominent bony angle, extension was powerfully applied at the same time with latteral pressure, until a distinct yielding of the crooked bone was perceived. The lateral pressure was then slightly relaxed to avoid injurious pressure of the soft parts against the bone, but the extension was kept up unremittingly. In about three days the curvature disappeared, but as a precaution against accidental bending, the splint, with moderate extension, was kept on two weeks, and the thigh was after-

wards protected by a starch bandage. Dr. English thinks there is from one-fourth to one-half inch shortening; Dr. Edgar thinks there is no shortening at all.

Here the surgical treatment ends, with an excellent result, notwithstanding two accidents, one of shortening and one of bending.

*Prosecution.*—In the February and March term of the Circuit Court of Morgan County: Justice D. M. Woodson presiding; J. L. McConnel and H. P. McClure for the prosecution; D. A. & T. W. Smith and Cyrus Epler for the defeuce. Damages claimed, $5,000—the jury disagreeing.

The prosecution attempted to maintain—

First, That the shortening of the limb was prima facia evidence of unskillfulness.

Second, That the breaking over of the limb without apprising the family and obtaining their consent, and having a consultation of surgeons and obtaining their approval, was an outrage.

Third, That the thigh bone must have been in a crooked state when the splint was taken off, because it was proved, by two unprofessional witnesses, who saw the limb through the clothes, to have been crooked a few hours afterwards. Dr. English thought that if the bone had been of proper shape at the time of taking off the splint, it could not have bent in so short a time without great pain. There was no direct testimony on this point.

On the other hand, it was maintained by the defense—

First, That the shortening resulted from an accident.

Second, That the re-fracture was the proper remedy, and in view of the surgeon's responsibility he was justified in putting it out of the power of parents or adverse medical council, to hinder his restoring the limb to its proper length.

Third, That a curved condition of the limb, without shortening, was a mechanical impossibility; that a loose application of the apparatus which would allow curving would certainly have resulted in shortening; that the callus has very little if any sensibility and that the absence of pain during the curving is no evidence of the absence of the curving itself.

I have this moral to draw from this lesson.

I. Let the surgeon apprize the patient and friends of the difficulties of the case, and the uncertainty of a perfect result, whatever skill and attention may be exercised.

II. Let him instruct the patient and nurses in the working of the machinery, and direct them to give him immediate notice of anything giving way or seeming to go wrong.

III. Let him not only caution the patient to be careful of the limb after the chief support is taken off, but let him apply a starch bandage or other support to the limb, to be worn long after the patient goes about.

IV. Last, but not least, let him be sure that he has *disinterested witnesses* to what he may say and do, so that if any accident or unfavorable result occurs, he may be able to prove his points.

Had I been careful on this last point, I should, probably, not have been sued for mal-practice.

*References.*—I subjoin the following references for the advantage of any who may have the misfortune to require them, in justification of practice and its results, in treatment of fracture of the femur or in defence against ignorance, malice, and cupidity.

*Length of time a splint should be kept on.*—Dr. Charles A. Pope, Professor of Surgery in the St. Louis Medical College, in his deposition in this case, says: "Seven weeks would generally be sufficient time for wearing the splint, but the patient should not use the limb for several weeks more.

Miller's Principles of Surgery, Philadelphia edition, 1845, page 497, "At the end of the fourth or fifth week our substitutes (for provisional callus) may be discontinued."

Linton's Practical Surgery, with Notes by Norris; 1842; page 83—bottom: "At least six weeks."

Hamilton on Fractures, page 433: "Eight weeks, though it may be safe (to remove the splints, in some cases) in six weeks." * * * * "The extension may generally be relaxed as soon as the 28th day."

In my case an accidental relaxation just about this time, resulted in shortening.

*Shortening.*—Dr. Pope, in his deposition in this case, says: "It is impossible to prevent shortening in some cases of oblique fracture of the thigh bone, for besides the physiological primary or immediate contraction or shortening of the muscles, there is also a physiological subsequent shortening, caused by the effusion of plastic material between and among their fibres, whereby their extremities are approximated, just as water has the effect of shortening ropes which were previously dry."

"Malgaine broke the thigh bone of a rabbit, and a few ounces weight sufficed to overcome the first shortening. Ten days subsequently it required fourteen pounds to produce any elongation of the muscles, and then only after their complete rupture."

Dr. Pope thinks "the average shortening is from one-fourth to one-half inch."

In the admirable work on Fractures and Dislocations, by Dr. F. H. Hamilton, of Buffalo, recently published, will be found an almost complete list references to the recorded opinions of surgeons, with regard to the practicability of avoiding shortening and the results actually obtained. As this work is, or ought to be, in the hands of every man who is liable to be called upon to treat fractures, it is not necessary here to enumerate the references, for the list, commencing on the 398th page, is very long.

The opinion of Malgaine and Maclise, that union of oblique fracture of the thigh without shortening is impossible, is expressed in very strong language. Malgaine says "the thing is simply impossible."

Maclise says "Out of every six fractures of the clavicle or thigh bone, I believe that as the result of our treatment by the present forms of mechanical contrivances, there would not be found three cases of co-aptation of the broken ends of the bone, so complete as to do credit to the surgeon."

Hamilton (page 404) concludes "that in case of an oblique fracture of the shaft of the femur, occurring in an adult, whose muscles are not paralyzed, but which offer the ordinary resistance to extension and counter-extension, and where the ends of the bones have once been completely displaced, *no*

*means* have yet been devised by which an overlapping and consequent shortening can be prevented."

* * * * * * *

"When, in consequence of displacement, overlapping occurs, the average shortening in simple fractures, where the best appliciances and the utmost skill have been employed, is about three-quarters of an inch."

This corresponds very nearly with the statistics of the New York Hospital, published by Dr. Lute, and quoted by Hamilton, in his book, and also in his Report on Deformities after Fractures, in the 10th volume (1857) of Transactions of the American Medical Association.

In addition to the opinions of American surgeons, quoted in the work of Hamilton, the opinions of Drs. Trowbridge Barnes, Burwell, and Austin Flint; also, that of Dr. Willard Parker, of New York, are given in the Report on Deformities after Fractures, page 271.

Hamilton gives a sufficiently extensive list of those confident surgeons who claim to have treated oblique fractures of the thigh without any shortening or deformity whatever, and especially refers to Liston, who says, (Liston's Practical Surgery, by Norris, 1842, page 86,) "By adopting the straight position, the surgeon has it *fully* in his power to preserve the limb of its original length and proper contour."

Notwithstanding this confident language, any one of any experience in the treatment of these injuries must see at a glance that the use of the long splint, as figured in Liston's book, having no means of constant extension, except by drawing from time to time upon the counter-extending band, must result in some degree of shortening as the rule; and Hamilton (page 403) quotes from Gamgee's work on the starched apparatus, (London, 1853, pages 54 and 55,) to prove that in the practice followed by Liston himself, in the University College Hospital: "The patients admitted with broken thighs or legs, were frequently discharged with manifest deformity."

Before leaving this subject of shortening, I will say, with reference to the starched bandage splint, that I have used it

with great satisfaction in connection with permanent extension by means of the ordinary long splint, but I should not dare to trust the starched splint alone where the fracture is oblique. In one instance I used a method of extension which may, perhaps, be new.

Having been called in the middle of the night, several miles into the country, to see a patient who had fallen from a tree, and received an oblique fracture of the femur in its lower third, in a direction from above downward and inward, terminating in the upper part of the internal candyle, and another fracture of the same bone, at the junction of the middle and upper thirds, and having no appliances with me whatever, I prepared a long splint with a wide foot-piece, so as to carry the splint well off from the limb, and by means of muslin roller bands upon the ankle, and the ordinary extending perineal band, cushioned with cotton, I made extension while the patient was under the influence of a mixture of ether and chloroform. While the patient was still asleep I enveloped the whole limb, from the ankle to the groin, in a firm starch bandage, using plenty of pasteboard in its construction. During all the time of application of this shell of muslin, pasteboard, and paste, the extension was kept very tight, so as to make the broken limb seem a little longer than the other. A few hours afterwards it was deemed advisable to split this shell on the outside, opposite the seat of the lower fracture, but it did not become too tight from swelling of the limb at any other point. In two or three days it required to be split down and bandaged tighter, to make it grasp the limb firmly. The patient complained of the tightness of the extension on the top of the tarsus and around the lower portion of the leg, and I applied a strong loop of several thicknesses of adhesive plaster on each side of the leg, and in addition to a few circular turns of adhesive plaster for security, I made it still more firm by an additional shell of starch bandage over the whole limb, including the adhesive plaster, except the loop ends, which were made to project through this outer shell.

My improvised splint was exchanged for Day's long splint with a screw extension at the foot. By means of a cord

through each loop, and fastened over the foot piece of the apparatus, with a carefully arranged counter-extending band, well cushioned, and a piece of soft muslin, well besmeared with tallow, applied next the skin of the groin, and all made tight, the knee elevated a little at the time of the first dressing, to take off the otherwise painful tension from the flexors of the leg, and kept thus slightly elevated, my patient was in as safe and comfortable a position as could be possible. This extension upon the starch bandage shell applied to a very large surface, the top of the tarsus and the swell of the malleoli, and the swell of the gastrocnemii muscles. The pressure of the shell upon the malleoli and tarsus was never in the least painful. As the contour of the thigh lessened, the shell was again split down on the outside, and drawn closer. The fingers passed along through the slit and under the shell over the seats of the fractures, discovered no enlargement from callus, thus favoring the doctrine that callus is, in great part, occasioned by motion and mal-position.

The patient came out without any appreciable deformity or shortening, by my most careful measurement, from superior anterior spinous process of ilium to the internal malleolus. Two things are necessary to such a good result:

1st. An extension that never relaxes, except by the stretching of the parts drawn.

2d. Such a close bandaging of the muscles as will stop all motion, either voluntary or spasmodic.

Here I cannot avoid a criticism upon the excellent book on surgery, by Erichson. Such language as this I think exceedingly dangerous to those who have not sufficient experience not to be hurt by it.

"By employing the starch bandage, I scarcely ever find it necessary to keep patients in bed with simple fracture of the thigh, for more than six or seven, or of the leg, more than three or four days, thus saving much of the tediousness and danger of the treatment." (Blanchard & Lea's edition, 1859, page 195.)

Here follows a picture of a man on crutches, with his limb hanging in a starched bandage shell. The pressure of this

apparatus upon the upper part of the thigh, the tuberosity of the ischium, and the groin, must cause absorption of subcutaneous fat, and shortening must be inevitable in oblique fracture.

*Bending of recently united fracture, and the means of removing the deformity.*—Miller's Principles of Surgery, page 497.

"A broken bone must be warily used for some considerable time after apparent consolidation, and a broken bone may, anywhere, have its contour remedied by suitable pressure, even after the process of reparation seems to have been completed. * * * * Many a fractured limb has been set free at the ordinary time, of proper length, and void of all deformity, which, nevertheless has soon become both shortened and bent to an extent which has impaired both its symmetry and its function."

Hamilton's Report (loco citato) pages 271 and 272.—A remarkable case of bending occurring six months after the fracture.

Fergusson's Practical Surgery, page 341, note by D. Norris. The means for removing deformities following fractures of these kinds, viz:

1. Well applied pressure and extension.
2. Re-fracturing the bone.
3. Removal of a triangular section of bone at the most projecting portion of the deformed bone.

Pressure and extension is applicable as late as the fiftieth or sixtieth day from the date of the injury.

Dupuytren has succeeded as late as the one hundred and twentieth day from the injury.

4. The fourth method, introduced by Dr. Brainard, of Chicago, consisting in inducing inflammation and consequent softening of the bone; after which pressure and extension are to be made, supercedes the necessity for re-fracture of the bone or the removal of a triangular portion.

A full account of this method, by drilling the bone, is given in Dr. Brainard's Prize Essay, in the Seventh Volume of the Transaction of the American Medical Association, for 1854,

page 254, and also in the *Chicago Medical Journal* for January, 1859, and favorably referred to in Hamilton's work on Fractures.

When the surgeon finds that in consequence of an undetected relaxation of extension, the fragments have overlapped, and a forcible and continuous extension fails to bring them again to their proper relations, there is, of course, nothing left but to break up the callus, or leave the patient to his deformity. As the callus is, for a considerable time, softer than the original bone, it will yield rather than the fragments themselves, after which, by stretching all the muscles passing the fractured point, as much as some of the muscles are stretched in some dislocations, the fragments may be brought to their proper relations and retained there until consolidation again takes place.

## ARTICLE 2.

## HYSTERIA.

REPORTED BY J. P. ROSS, M. D., ATTENDING PHYSICIAN TO CITY HOSPITAL.

Emeline E., aged twelve years, was admitted into the City Hospital January 20th, 1860. At the time of her admission it was impossible to obtain a correct history of the case from the patient herself, but the following statement, given by her mother, a very intelligent woman, may be relied on as correct. She states that no hereditary tendency to disease exists in the family; that Emeline has always enjoyed good health until December, 1858, at which time she dates the commencement of her present illness. At that time she was descending a stairway and fell the distance of a few feet, striking on the lower part of the spinal column. The injury was so slight as not to attract attention at the time, and nothing was thought of it until the spring of 1859, when the family physician was

consulted. At this time she complained of a pain in the back and loins, habitual constipation, frequent headache, and considerable impairment of the motion of the lower extremities. The attending physician made a careful examination of the case, and, without promising any relief, ordered counter-irritation to the spine, with internal medicines, and occasional purges to move the bowels. This treatment was sedulously employed for six weeks without any apparent relief. During this time the bowels became so obstinately constipated that it required the most active medicines to produce the desired effect, and each movement was attended with severe pain and tenesmus. There was also occasional retention of urine, and convulsions, with manifest impairment of the mental faculties. This condition of things induced the attending physician to solicit an examination per rectum and per vaginum, which, however, it was impossible to obtain without using force with the patient.

The examination revealed a mal-position of the womb in such a way that pressure was maintained on the rectum and bladder, preventing those organs from discharging their functions. The treatment was now somewhat changed. Counter-irritation to the spine was discontinued and such means used as were calculated to correct the displacement of the womb. This plan of treatment was continued three weeks, during which time all the symptoms were aggravated, and in addition, there was complete loss of motion of the lower extremities, the legs being flexed upon the thighs, and the thighs upon the abdomen, and constantly retained in that position. The displacement of the womb had been frequently reduced by the attending physician, and such remedies used as were calculated to retain the organ in its proper position—such as astringent injections and tonics. At no time during these manipulations was there any appearance of an os utero, and as a consequence a malformation of the organ was suspected. This suspicion, together with the complete inefficiency of the means thus far employed, induced the attending physician to ask council, which being readily acceeded to by the friends of the patient, a consultation was

held June 10th, 1859. The treatment after the consultation was somewhat modified, the consulting physician being unable to make out any serious displacement or malformation of any kind. Rest, soothing injections, and tonics were the principal means recommended and used for several weeks, but without any beneficial result. It was then thought she was the subject of nymphomania which kept up in some way the exciting cause of all this difficulty. A strict watch was instituted to detect her, if possible, in the act of violating her person, but failing in this, and finding the symptoms becoming aggravated it was deemed advisable to employ additional council. A second consultation was called and a careful examination instituted. At this time it was thought the difficulty was principally an enlarged and calloused condition of the os uteri. The solid stick of the nitrate of silver was applied to the diseased organ, and its use recommended every second day. The application of the caustic was attended with excrutiating pain, which lasted for twelve hours, and as no good resulted therefrom, its further use was dispensed with. The same plan of treatment as before the last consultation was continued with all diligence and care for the next three months, during which time the condition of the patient became truly miserable, and without any hope of relief from any source, she was sent to the City Hospital, having been under treatment nearly nine months.

She came under my care February 1st, 1860. At this time the general nutrition of the body was good, with, perhaps, the exception of the lower extremeties. These were closely flexed upon the body, and entirely useless. No kind of persuasion could induce her to make any effort to extend them. The muscles were flaccid and somewhat emaciated, but in other respects normal. Her disposition was exceedingly erratic. At times she would cry like a child, and then becoming suddenly angry, would curse, with horrid oaths, her attendants. Her physical strength was unimpaired. A careful examination of the spine revealed nothing abnormal; there was no tenderness or deformity in any part of its length. The thoracic and abdominal organs were all healthy. An exami-

nation of the uteris was not deemed necessary. The length of time the disease had existed—the entire absence of any organic lesion—the well nourished condition of the body—together with the great perversion of the mental faculties—forced me to the conclusion that I had to deal with a case of simple hysteria, disconnected with any organic disease, whatever.

Regarding the case then as one of simple hysteria, I did not adopt any plan of active treatment. The cautics, the injections, the active purges, and the tonics, were discontinued. No medicine was given. The Matron of the Hospital, a very capable woman, was asked to take charge of the case and give the advice such persons require, and if possible get her rid of the idea that she was a dying invalid. She kindly consented to do this for me, and the result has been most satisfactory.

February 15th.—Patient up and walking about for the first time; makes no complaints, and requires no attention at my hands; is still a little irritable.

March 1st.—Discharged cured.

*Remarks.*—However accurately this case simulated all the diseases—and many more—for which she was treated before she entered the Hospital, it is very evident that her whole trouble had a mental origin. This is made clear by, not only the previous history, but also the result of the treatment after her admission into the Hospital. When she entered the Hospital she was in no wise better than she had been at any time for the previous nine months. The loss of motion in the lower extremities was complete, and the mental derangement so entire, that she seemed on the border of hopeless insanity. Now how much the idea which had become fixed in her mind, that she could not control the paralysis and mental derangement, had to do with the difficulty, is made evident by dispelling this idea and fixing the opposite; for, as fast as confidence came that she could walk, and control her mental aberrations, she possessed and exercised the power to do both; and as mental harmony was restored, physical health and harmony followed as a sequence. I suppose the uterus had very little to do with the case as a *cause* of the difficulty. If the efforts

of nature to establish the menstrual function was at the bottom of the trouble—which is a more natural view than many that have been entertained—the health would not have been restored until this function was established. Yet she was discharged in perfect health, without the slightest show of the menses appearing at any time.

## ARTICLE 8.

## WOUND OF THE STOMACH TREATED BY LARGE DOSES OF OPIUM.

BY DR. JAMES CODY, OF WATERTOWN, WIS.

I was called in haste on the night of November 27th, last, at 11½ o'clock, P. M., to see Wm. Forsyth, aged nineteen years, who, a few minutes before, was reported to have received a stab in the left side, in an affray at a saloon. I found him lying on the floor; face pale and exsanguinous; extremities cold; pulse very small; he complained of feeling very weak and faint. On examination I found an incised wound on the left side, between the ninth and tenth ribs, seven and a half inches from the sternum and nine inches from the spine. The wound was about one inch in length, and parallel with the ribs; through the wound a small portion of the stomach had protruded. This was returned, not into the cavity of the abdomen, but left resting in the muscular tissue between the ribs; the edges of the wound was now brought together, one suture taken, and strips of adhesive plaster snugly applied, a bandage closely drawn around the chest, completed the dressing.

One-third of a grain of morphine was now given, with directions to repeat the same every two hours until he became fully under its influence.

28th, 8 A. M.—He has taken three doses of morphine, and is fully under its influence, breathing very heavily, and is

aroused with difficulty; when aroused complains of no pain, but is very thirsty; stomach considerably distended and resonant on percussion; on moving him in bed he vomited freely; pulse 140 per minute; is to continue morphine, and drink ice water.

8 P. M.—Stomach greatly distended; but little or no fulness of abdomen, (except over the region of the stomach;) high fever; pulse 140, hard and bounding; breathing difficult; when roused up is delirious. Bled him copiously, which reduced the pulse; is to continue the morphine during the night; also the ice water as drink; apply ice water to head.

29th, 8 A. M.—Morphine was omitted twice during the night, for the reason that he became narcotised (it will be remembered that he had taken one-third of a grain every two hours,) stomach greatly distended; some tympanites of the abdomen; pulse 140, but softer than yesterday; is delirious when roused up; complains of no pain; says he dreams very much, but when asked what he dreams says he forgets; is to continue morphine, also ice water for drink; is to have an injection to unload the bowels.

8 P. M.—Has had two dejections; stomach about the same; no fulness of abdomen; complains, for the first time, of pain in the region of the stomach; on pressure over the stomach he flinches. Applied a blister over the stomach; continue morphine; is to drink ice water.

30th, 8 A. M.—Morphine was omitted at 11 and 4 o'clock. The pulse is 130; not so delirious when roused up, this morning; says he feels a burning sensation in the stomach; no appetite; is thirsty and drinks a large quantity of water The stomach keeps greatly distended yet, is to continue morphine as heretofore.

8 P. M.—Was rather more restless to-day; complained of pain in the head; attempted to get up several times; some twitching of the tendons of the fore arms; says he feels faint; is not so thirsty; continue morphine; also give injection of beef tea.

December 1st, 8 A. M.—Distention of the stomach the same; complains of slight soreness and burning in it; pulse

130 and small; some pain in the head; is not very thirsty; says he dreams much—dreams are pleasant; some subsultus tendinum; took morphine ¼ gr. every three hours during the night; is to continue the same to-day; also injections of beef tea, one-half pint every four hours.

8 P. M.—Pulse 130 small; appears very drowsy, but is perfectly rational when aroused; complains of no pain; continue treatment the same.

2d, 8 A. M.—Pulse 130; reported to have rested well during the night; his condition is about the same as yesterday; continue treatment the same.

8 P. M.—The same as in the morning. Gave the morphine only every four hours; injections the same.

3d, 8 A. M.—Rested well last night; is evidently improving; pulse 120 and small; mind clearer; stomach less distended. Is to take arrow root to-day, also continue injections of beef tea, and give morph. ¼ gr. every four hours.

8 P. M.—Complains of feeling very weak; arrow root was well relished, and rested on the stomach well; pulse 120, and of better character; the fulness of the stomach is evidently decreasing; continue arrow root for drink, also morph.; brandy to be added to the injections.

4th, 8 A. M.—Stomach less distended; spent a good night; seems improving, continue treatment.

8 P. M.—Appears much stronger; expresses himself as doing well.

5th, 8 A. M.—Continues to improve.

6th, 8 A. M.—The same as yesterday.

7th, 8 A. M.—Is improving rapidly; pulse 100; takes less morphine—¼ gr. every six hours.

8th, 8 A. M.—Continues improving; has an appetite, and wants to eat; is to have rice.

9th.—Reports himself as well this morning; needs no medicine.

10th, 8 A. M.—Discharged as cured.

# IODINE

## AN ANTIDOTE TO THE VENOM OF THE RATTLESNAKE, CROTALUS, AND IN THE TREATMENT OF THE BITE.

BY JAMES S. WHITMIRE, OF METAMORA, ILL.

In the December, or January number of the *N. W. Medical and Surgical Journal*, of 1849, or '50, I published an article in relation to the tinct. of iodine in the treatment of the bite of the rattlesnake; in which I argued that the venom produced debility of the capillary vessels, first by direct contact, and afterwards, by its absorption into the general circulation, it effected the entire system; and that the tinct., used as a paint upon the part, gave tone to the vessels by being absorbed; and that I consequently considered it a rational treatment. I suggested, in the same article, that iodine was an antidote to the venom, and believed it to be so, on account of the extraordinarily short time in which the system seemed to get rid of the poison, and ceased to be disturbed by its prostrating effects, especially, when the remedy was used immediately, or even within six hours of the insertion of the venom. This was written after having treated many cases, during the years 1845, '46, '47, '48 and '49; and I had become thoroughly convinced, that the treatment of the bite, of all venomous serpents or reptiles, by iodine, was altogether preferable to any other then known to the profession. At that time, I had not satisfied myself, by actual experiments, that it was an antidote to the venom. Soon after this, however, Professor Brainard, of Rush Medical College, instituted a series of experiments, which were duly reported to the Illinois State Medical Society, at one of its subsequent sittings, in an ably written paper, read before the Society, proving, beyond a doubt, that iodine wrs a perfect antidote to the poison, completely destroying its effects on the animal economy, and therefore an indespensible agent in the treatment of the bite. Since his experiments, I have repeated them for my own satisfaction, with the same results. I have since then, again made some experiments of a different and inter-

esting character, which, even though they prove of no practical value, will, nevertheless, go far to establish a still mooted point; viz: whether the venom, when swallowed, will produce the same constitutional effects that are developed by it when injected into the celluar tissue by the bite. For this purpose I procured three of the largest, of the kind, that I could find on the prairie, and decapitated them, and proceeded to seperate the poison-gland, sac that contains the secretion, and fang, all together, from under the orbit. By pressing the gland and sac between the thumb and finger, I could get from one to two drops from the canal in the fang, which I washed off in sweet milk, (I used six fangs in these experiments,) and gave it to two young dogs, four months old, and three cats about the same age. To one dog and one cat, by means of a stomach tube, I gave each iii gr. of iodine and vi gr. of iod. pottass rubbed up in water. In about two hours they both began to be restless and uneasy and finally began to be languid and feverish and would take no nourishment, but would take water when offered to them. In six hours after, I repeated the dose; and in twenty-four hours they began to assume their wanted spirits, and never showed any distinguishable signs of poisoning. The other dog, and one cat, I did nothing for, and in about an hour they both began to show signs of illness. The cat mewed and gave out the most piteous cries, and seemed to be in the most excruciating agony, had fever and great thirst, drinking quantities of water, which it would eject from its stomach in twenty or thirty minutes. In five hours it began to swell and purge, so that, in fifteen hours the whole cellular tissue was infiltrated with serum. After this it had sanguineous discharges from the bowels; and at the end of twenty-four hours it died in convulsions.

The dog was held in very much the same condition, excepting when water was placed before him he would rise up on his fore legs and lap it greedily, and then sink back into the same languid condition. He vomited and seemed exceedingly prostrated for ten hours, and then remained stupid and whined, as if in pain, for twenty-four hours, after which he

began to have bloody discharges from the bowels. He commenced swelling about the tenth hour, and at this time he began to have a thin sero-sanguinous fluid run from his eyes, and the vessels of the conjunctiva were greatly engorged, and the cellular tissues under the conjunctiva was so infiltrated with bloody serum that his eyes had more the appearance of balls of clotted blood than orbs of vision. He remained in this condition for about five days, taking no nourishment, but drinking a great quantity of water, though this was attended with difficulty, on account of the swollen condition of his tongue. He now began to show signs of improvement, recovering his appetite slowly, his eyes losing their clotted appearance, and the swelling to cease; so that in six days Ponto was himself again.

To the last cat I gave diluted alcohol, every four hours, so soon as it began to show signs of illness, which commenced with the same languor, lassitude, pain and fever as the others did. It wanted no food, but drank considerable water, being stupid all the time, either from the effects of the alcohol, or the poison. It remained stupid and feverish for three days, after which it began to recover; and in about ten days I discharged my patient as cured, though it was still weak, and would have been the better of longer care.

My impression now is, in regard to the popular alcoholic treatment, that it does not act as an antidote to the venom, but merely stimulates the nervous system, through the great centers, and keeps the system above the depressing influence of the poison, giving nature a chance to get rid of the poison through its own resources.

These experiments have convinced me, that the venom, whether swallowed, or injected into the cellular tissue, produces precisely the same results upon the animal economy, only the former acts more generally and the latter locally.—Since I commenced the use of iodine, in the treatment of the bite of the rattlesnake, I have had every reason to be satisfied with its use; never, in the course of fourteen years' country practice, having been disappointed in its effects. During that time I have treated 75 cases in man, which have comprised

every grade of the effects of the poison that may be produced, reasonably, short of absolute dissolution, to within an hour of the infliction of the wound by the serpent. When called in a recent case, or even within fifteen hours of the bite, I now adopt Professor Brainard's plan; which is, to inject the cellular tissue, in and about the wound, with the tinct. of iodine, by means of a sharp pointed silver syringe, and then proceed to paint the swollen parts thoroughly with the tinct., and try to keep in advance of the swelling, from two to three inches; and in recent cases this is all the treatment necessary to complete the cure.

If called after the constitutional effects of the poison have become developed, I paint the limb, and even the whole boby, with the tinct., and give, internally, wine or brandy, with iod. potass. and chlor. potass. dissolved and largely diluted in water, till the urgent symptoms begin to subside, and then administer quinine and iron as a tonic, &c. I have treated two extreme cases, it having been three days from the time of the bite till I was called. In both cases there was fever and delirium, with extreme prostration, the wound black with infiltrated blood and vesicated patches on the limb filled with a sero-sanguinous fluid, and hemoragic discharges from the bowels. For the latter, I prescribed solid opium, and a turpentine emulsion, with kreosote, so that my patient got one drop of the latter every four hours, at a dose. I gave them chlorate potash and iod. potass. dissolved and largely diluted with water, and brandy or wine, ad. libitum. I painted my patients nearly from head to foot with the tinct., and varied my treatment according to the urgencies that presented till convalescence was established, which was in about ten days from the bite. Their convalescence were slow and tedious but finally they recovered their usual health, strength and spirits.

## PHYSIOLOGICAL INCEST.

MESSRS. EDITORS of the Chicago *Medical Journal*:—In the April number of your Journal, I find an article, written by W. Boyd Powell, M. D., entitled, "Physiological Incest."

The cause of insanity, is a subject that deserves, yes, *demands*, the attention of the profession, in an *economical*, as well as *scientific*, point of view.

The Dr. thinks he has found the cause of "premature death and decay," as well as insanityand idiotcy—also can prognosticate the fate of the offspring, arising from the union of the temperaments. (?)

On account of the importance of the subject, and my interest in the same, please allow me to ask the Dr. a few questions, through the medium of your Journal:

1st. Are we always sure to have an amalgamation of the progenitor's temperaments, in the progeny?

2d. Are there any temperaments of such a nature, that if they should come together in progenitors, they would be neutralized in their progeny?

3d. What constitutes *compatibility* and *incompatibility* in the temperaments?

4th. Why will the progeny of the progenitors, whose temperaments are "3 and 4," be dead born?

5th. How do we *know* that the progeny springing from progenitors of certain temperaments, will die of tubercular disease—others become insane early in life, and others be born idiots?

6th. What does this mean?—"Two-thirds of the progenitors, indicated by 13, will be dead born, and the other third will die during infancy." If the two-thirds *die before they are born*, how can they ever become *progenitors*? And if the other third die before puberty, how can they ever become progenitors?

Respectfully,

J. J. M. ANGRAR, M. D.

Racine, April 15th, 1860.

# Editorial.

## BOOK AND PAMPHLET NOTICES.

CLINICAL LECTURES ON CERTAIN ACUTE DISEASES; BY ROBERT BENTLY TODD, M. D., F. R. S., AUTHOR OF LECTURES ON DISEASES OF THE URINARY ORGANS, ETC., FORMERLY PHYSICIAN TO KING'S COLLEGE HOSPITAL, LONDON. BLANCHARD & LEA, PHILADELPHIA, 1860. RECEIVED THROUGH S. C. GRIGGS & CO., 39 & 41 LAKE ST.

This book contains a series of Dr. Todd's Clinical Lectures, delivered in King's College Hospital, on the following subjects:

Rheumatic Fever, Continued Fever, Erysipelas, Acute Inflamation, Pyæmia, Pneumonia and its complications, and the Therapeutical action of Alcohol.

The presentation of this work to the professional public, is a fitting close to a life of honor and usefulness, of which we have so conspicuous an exomple, in the career of Dr. Todd. Though a less labored work than are most of those that have previously come from his pen, which, from their merit, have made his name so familiar to the world, yet it will hardly prove less useful; containing, as it does, the perfected knowledge on the subjects on which it treats, of an acute observer, endowed with industry and favored with every desirable opportunity for arriving at truthful conclusions.

The diseases considered are among the most isteresting with which it is the fortune of every physician in active practice, to come in daily contact. The treatment adopted in the different diseases, and its results are given; the physiology of organs is indicated, and the pathology of diseases illustrated by numerous clearly reported cases.

After giving a clinical history of Rheumatic Fever, the dif-

ferent modes of treatment that have been most resorted to in its management, are reviewed:

1st. Extreme depletion by venesection. This is deemed pernicious, being productive of harm rather than good.

2d. Moderate bleeding and the administration of diaphonetics. So far as the bleeding goes, this is thought to be injurious, and the diaphonetics prove useful only to the extent they may may promote elimination. On the whole, it is an expectant treatment and is somewhat better than the first.

3d. By mercurials, to which it is objected "that it is an attempt to cure one fever by setting up another, and in some respects, a worse. Even supposing the original disease succombs, your patient comes out of his rheumatic fever with loose teeth, ulcerated gums, and all the painful concomiants of ptyalism. Now I say, that under these circumstances, the remedy is nearly as bad as the disease; and, moreover, it does not in the least guard the patient against what may be termed the accidents of his malady—those severe internal inflamations, pericarditis, endocarditis, pneumonia, pleusitis, peritonitis."

4th. By colchicum and guaiacum—these are inefficient, unless carried to an extent to occasion purging, when they do good as eliminitives, but they sometimes induce a dangerous degree of prostration.

5th. Opium—an excellent remedy, but it should not be relied upon alone.

6th. Quinine—not so universally useful as opium, but in many cases an agent ot great worth.

At the conclusion of such a review, can we wonder that the exclamation should be made, "imagine the state in which the pithology of a disease must be, when measures so completely at the opposite extremity of our therapeutical resources are advocated for it, as venesection to the amount of two or three parts on the one hand, and large doses of quinine on the other." The treatment that Dr. Todd believes to be the most beneficial, is that by *elimination*; its adoption being based upon the idea that the disease is due to some "*materies morbi*" in the blood, "probably lactic acid, or some anolo-

gous agent." This is sought to be removed by the "promotion of the action of the skin, the kidneys, and the bowels, and the use of antacid remedies, and large quantities of fluid for the free dilution of the materies morbi, and to supply the waste caused by the drainage from diaphoresis and diuresis." In the other diseases, especially typhoid fever and erysipelas, Dr. Todd recommends the early adoption of a vigorously sustaining treatment.

The views of the pathology of these diseases, and the treatment proper for them, cannot be said to be new, for recently the general practice of the profession has been verging more and more to the general treatment; and this we deem a vast improvement on the antiphlogistic plan formerly so universresorted to, and even yet, not sufficiently discarded. Dr. Todd may go farther than many practitioners will be willing to follow in the application of this plan of treatment; but this we believe, that in the main, he is correct; and that more especially in typhoid fever and erysipelas great numbers of patients are annually sacrificed by a failure to recognize the necessity of an early, vigororus and persistent support of the vital powers.

Dr. Todd's views of the physiological action of alcohol ore embraced in the following quotation, which indicates his idea of its therapeutical application; page 290:

Alcohol, taken carefully, inceases the animal temperature; it also strengthens the action of the heart; and, when administered under proper circumstances, it reduces the frequency of the pulse. So far as it influences the nervous system, the action of alcohol is that of what is commonly called a *stimulant*, an unfortunate term, indicating a distinction without a difference. Other forms of food are likewise stimulant, but as they do not act directly and quickly on the nervous system, their exciting properties are not so apparent. In like manner, alcohol possesses its stimulating property because it is a form of aliment, appropriate to the direct nourishment of the nervous system, and to its preservation; and its special adaption to this system gives it an immediate exciting power superior to any other kind of food. Alcohol is also fitted to uphold the calorifacient process, and therefore to protect the nervous and other tissues, which, without it, would

be largely called upon to furnish fuel for the oxygen which supports that process. And for this purpose, alcohol possesses considerable advantages over most other hydrocarbonaceous substances, in consequence of the ready manner in which, when swallowed, it passes into the blood. Oil is a hydrocarbon equally with alcohol; but the digestion of the latter is a very different affair from that of the former. Oil, when swalloed, remains for some time in the stomach, where, however, it undergoes no change; it subsequently passes down into the small intestine, where it is subjected to the action of the pancreatic and other fluids, and having become converted into chyle, is absorbed by the intestinal villi. Thus the digession of oil is a far more complicated porcess than that of aicohol. Hence, then, as a calorifacient form of food, as a promoter of the nutrition of the nervous system, and as admitting of easy and quick absorption into the blood, alcohol possesses a combination of qualities which render it of the utmost value in tne treatment of disease.

The subjoined is the substance of the treatment recommended for erysipelas; page 142:

The upshot, then, of all I have to tell with respect to the treatment of erysipelas, is to give stimulants and nourishing freely, and from the very commencement of the attack.—Don't trouble yourselves with too much attention to the secretions, as some are apt to do, who imagine that the alteration of these by gray powder, black draught, *et hoc genus omne*, is necessary to the favorable issue of the case, but who, by the time they have got the secretions into what they conceive to be a correct condition, find that their patient is fairly slipping through their fingers, and is dying, worn out and exhausted. As soon as you are satisfied that the patient to whom you are called is laboring under erysipelas, at once begin to administer stimulants and nourishing food, using the precautions I have mentioned; and what I wish above all things to impress upon you is, that this stimulating treatment should be employed from the very beginning of the attack. With respect to the bowels, you must be guided by circumstances; if they are confined, you may open them by an enema, or by a dose of castor oil or some other medicine, which will neither irritate the mucous membrane of the alimentary canal, nor exhaust the patient's strength; always keeping in view that the poison of erysipelas is exceedingly depressing in its action, and that the object of all your treatment should be, first, to antagonize the poison, and seconly, to uphold the patient's powers, to enable him to bear up against one of the

most lowering and debilitating diseases to which the human frame is liable.

Now of all the stimulants, I believe, as I have already said, the alcoholic are the best, and I have witnessed such remarkable effects, in such a variety of cases, produced by their free exhibition, that I am inclined to consider them as *antidotes* to the erysipelatous poison. If I were to be restricted to any one remedy in the treatment of this disease, I should, assuredly, use brandy. With a commissariat well supplied with brandy, and simple means to keep the bowels open, I think I could engage to keep erysipelas at a minimum among the wounded in our army in the Crimea.

Some attach great importance to the use of the tincture of sesquichloride of iron in this disease. I have no doubt many cases, such as those which I have placed in my first group, will get well under that drug, partly and mainly because it excludes depressing treatment, partly, perhaps, from some tonic power in the medicine; but I would as soon think of trusting to it in the third or fourth group of cases, as I would to the billionth of a grain of anchorite, or arnica, or sulphur, or any other homœpathic absurdity. The remedy, so far as I know, is unobjectionable in itself, but its power to do good is small; and if you try it, let me advise you not to trust to it alone, but merely to use it as an adjunct to the treatment which I have endeavored to impress upon you to-day. For, as I before said, there is a large class of cases of erysipelas which will get well without any treatment whatever, and, indeed, in spite of the depressing treatment, either because the dose of the poison which these patients have imbibed has been very small, or because their powers of resisting acute diseases are very great. In such cases, you may, if you like, amuse yourselves with giving a remedy of the nature of sesquichloride of iron. But in all severe examples of the malady, place your trust in food and brandy, freely given under careful regulation, and adopted from the commencement of the attack.

A GUIDE TO THE PRACTICAL STUDY OF DISEASES OF THE EYE—WITH AN OUTLINE OF THEIR MEDICAL AND OPERATIVE TREATMENT. BY JAMES DIXON, F. R. C. S., SURGEON TO THE ROYAL LONDON OPTHALMIC HOSPITAL, MOORFIELD. FROM THE SECOND LONDON EDITION. PHILADELPHIA; LINDSAY & BLAKISTONE, 1860. FROM S. C. GRIGGS & CO., 39 AND 41 LAKE ST.

Few diseases have so much interested the medical profession of England and the continent of Europe, within the past few years, and been the subject of works of merit, as those of the eye. When we reflect that there is scarcely a branch in the whole range of medical science of so much practical importance as opthalmology, that there is scarcely a nonvital organ in the body, upon which the greater portion of mankind is so dependant as upon the eye, not only for moral and mental culture, but for daily support, it seems strange that the study of this class of diseases should have been so neglected as they have been by the profession of this country. Physicians in every part of the country acknowledge that too little interest is felt in this subject. It can be explained in part, we think, by this neglect of ophthelmic science, why the treatment of diseases of the eye falls so extensively into the hands of a class of practitioners, which is not regarded as honorable by the profession.

Fortunately, a greater interest in the subject is awakened in different parts of the United States. Infirmaries have been established in several eastern cities, affording excellent facilities for clinical instruction, the importance of which is also impressed upon the mind of the student.

Every new work upon diseases of the eye, especially adapted to the wants of the student must be received with favor by the friends of medical science. We believe that text books with the leading principles of each department of medicine, carefully explained, are of the greatest practical utility to young men while pursuing their college course.

As regards the large standard works upon diseases of the eye, it is undoubtedly true that the student, while attending lectures, has not time to peruse any one of them with care.

The book before us we consider as being particulayly fitted

to fill the place for which it was intended. It is, as it purports to be, a guide to the practical study of diseases of the eye. The volume, very much smaller than ordinary medical works, equals, perhaps, in typography and general appearance, any medical publication we have.

The work gives a concise statement of nearly all the great discoveries in the surgical treatment of ophthalmic disease within the past few years. The principlns and use of the ophthalmoscope are clearly, though briefly explained, and its utility in diagnosis fully appreciated.

The volume is of such a size, and the principles which it teaches are so clearly defined, that the student can reasonably be expected to acquire a thorough knowledge of all it contains, before finishing his college course.

The diseases of no organ demand more careful clinical observation on the part of the student in acquiring skill in diagnosis, than those of the eye. It is only in connection with suitable clinical instruction that the student can gain such practical knowledge from any work on diseases of the eye, as to enable him to diagnose these diseases with accuracy and treat them with judgment.

We do not feel called upon to criticise the work on account of many omissions which we might notice, since the author claims for it no higher title than that of *Guide*, with an *outline* of medical and surgical treatment.

While we would recommend the work of Mr. Dixon to the *student*, we would say to the physician that it should not take the place of Graefi, Sichel Arlt, Dresmarres, and the reprints of English writers. It is from the careful study of such works alone, that a thorough knowledge of the physiology, palthological anatomy and treatment of diseases of the eye can be learned.

E. L. H.

A TREATISE ON MEDICAL ELECTRICITY, THEORETICAL AND PRACTICAL; AND ITS USES IN THE TREATMENT OF PARALASIS, NEURALGIA, AND OTHER DISEASES. BY J. ALTHAUS, M. D., PHILADELPHIA. LINDSAY & BLAKISTON. FROM S. C. GRIGGS, 39 AND 41 LAKE STREET.

It is the province of the intelligent physician to apply all substances and forces in the whole range of nature to the prevention, mitigation, or cure of disease; and herein lies the difference that exists between the medical profession and the numerous fungous excresences that have in all times protruded, one after another, upon its surface, existed for a brief time, and sloughed away, as those now disfiguring it are, in their turn, destined to do. It is not strange that an agent of such wondrous powers as electricity, should, soon after it began to arrest attention, hove been applied as a relief to disease and suffering, yet it is something so subtle in its nature as not easily to be investigated by the mass of observers; its properties and powers being known only by the results of its action. Therefore it is not strange that its uses as a remedial agent have hitherto been chiefly of an empirical, and therefore, not very intelligent character.

The work under notice is evidently the offspring of much thought on the subject, and will do something to improve our knowledge of the circumstances demanding the use of this remedy, and the proper mode in which it should be applied. We may also reasonably expect that some good may be accomplished by the tendency it will have to direct the attention of the profession more especially in this channel.

☞ CORRECTION.—By an oversight of the compositor, in our April number, what was designed to be a notice of the meeting of the Indiana State Medical Society, was made to read, the "Illinois State Medical Society." The Indiana Society meets on the third Tuesday in May, 1860, at Indianapolis; the delegates from the Illinois Society being Drs. Brainard and Miller, of Chicago, and Dr. H. W. Davis, of Paris.

The Illinois State Society meets at Paris, Edgar Co., on the second Tuesday in May.—8th.

DR. BROWN'S SEQUARD'S JOURNAL OF PHYSIOLOGY.

We have received the first No. of this publication, for the year 1860. It continues to sustain its high character. We are pleased to learn that it has been so successful as to give assurance of permanency, and to enable the proprietor to add to its value by more copious and expensive illustrations.

The chief editor has been appointed physician to the hospital for epileptics, in London, and has recently removed his residence to that city; but this will nor affect the Journal, which will be issued, as before, at Paris.

☞ The body of Dr. John Hunter, who died October 16, 1793, aged 64 years, has been removed from its original resting place, and re-intered in Westminster Abbey. Steps have been taken, by the profession in England, to secure the erection of a monument over his grave, in honor of a name to which the *world owes so much.*

## DR. FISHER'S CASE.

Dr. Fisher has brought a suit against H. O. Stone, of this city, for libel. The ground alleged is, that Dr. F. attended Mrs. Stone in labor; some time afterward she was found to have invertion of the womb—Stone accused Fisher of some mismanagement; hence the suit. Dr. Fisher published in this Journal, his version of the matter; Dr. Potter, of Geneva, N. Y., some time since, published another, probably Stone's version.

There the matter stood, when we noticed in the last number of the *Cleveland Medical Gazette*, a report of the deposition of Prof. John Delameter, taken, it is presumed, to be used in the case. We know not whether this deposition is intended or expected to favor the plaintiff or the defendant in this case. Its publication at this time, is calculated, if not intended, to manufacture public opinion and thus prejudge the case. If the publication was made in this state, it might

be easily stopped by injunction—out of the state, it cannot. We respectfully suggest to the highminded proprietors of the "Gazette," whom we truly respect, whether the cause of justice is likely to be better served by the publication of *ex-parte* testimony, than by laying it all before their readers after it has been used in court.

What would the editor say if a Chicago publication should take a course calculated to influence, in any way, the action of a court in Cleveland?

We claim for the courts, the bar, and the medical profession of Chicago, as much integrity, learning, and capacity as are possessed by those of any other city of its size. We think they can administer justice or aid in its administration, without dictation from any quarter.

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## NAMES OF THE GRADUATING CLASS

OF

RUSH MEDICAL COLLEGE—SESSION, 1859—60.

D. Orson B. Adams, Ill.
John J. M. Angier, Wis.
John T. Bellington, "
Frederick Bartells, Ill.
John B. Baker, "
Ed. L. H. Barr, "
Hiram Carnahan, Iowa.
John M. C. Damron, Ill.
Henry Durham, Wis.
B. Irvin Dunn, Ill.
R. M. Elliott, "
John B. Felker, "
A. M. Golliday, "
Jethro A. Hatch, "
Danl. Kirkpatrick, Ind.
Thos. J. Fritts, "
John Dancer, "
James Thompson, "
Leigh R. Holmead, Ill.
M. A. Isaac, "
Hiram C. Luce, "
Percy McAlpin, "
Philip Matthei, "
Wm. F. Osborn, "
Geo. W. Richards, "
Edward Thomas, "
Vincent S. Thompson, "
J. S. Underwood, "
William V. Wiles, "
Calvin Wheeler, "
William Irwin, Wis.
Sam'l A. Sheldon, "
C. M. Smith, "
John E. Ennis, Iowa.
Robert B. Ray, Mo.
James F. Spain, Ohio.

## DE WITT COUNTY MEDICAL SOCIETY.

The Society met in annual session, at the office of Dr. Adams, at Clinton, on Tuesday, the 3d. day of April, 1860, at 10 o'clock, A. M. Present, Drs. B. S. Lewis, W. W. Adams, T. K. Edmiston, Z. H. Madden, J. H. Tyler, John Wright, Evan Richards, and C. Goodbrake, Also Dr. Davis, of Wapello, and Mr. Edwin Gideon, medical student.

The President, Dr. Adams in the Chair.

The secretary being absent, Dr. Goodbrake was appointed Secretary pro tem.

The minutes of the last meeting were read and approved.

The following officers were elected for the ensuing year:

*President*—Dr. J. H. Tyler.

*Vice President*—Dr. Evan Richards.

*Treasurer*—Dr. Z. H. Madden.

*Secretary*—Dr. C. Goodbrake.

*Censors*—Drs. W. W. Adams, T. K. Edmiston, and John McHugh.

*Delegates to the Illinois State Medical Society*—Dr. T. K. Edmiston, Dr. John McHugh and Dr. Z. H. Madden.

*Delegates to the American Medical Association*—Dr. John Wright and Dr. Joseph C. Ross.

Dr. Tyler, on taking the Chair, delivered a most excellent address, which was received with marked attention.

Dr. Lewis, the retiring President, delivered a well written valedictory address. Subject—the "Ingratitude of the public to the Medical Profession."

On motion of Dr. Goodbrake, the thanks of the Society were tendered to Dr. Lewis for his excellent address, and a copy requested for publication in the *Central Transcript.*

Dr. Richards reported a very peculiar case of injury of the chest—the patient having been thrown from a sulky.

Dr. Wright read the report of a case of typhoid fever, with the post mortem appearances. Accompanying this report, the doctor exhibited a portion of ileum which was perforated in four different places. A very spirited discussion arose on the subject of typhoid fever, in which most of the gentlemen present partook.

On motion, Typhoid fever was made the subject for discussion at the next meeting.

The President appointed Drs. Adams and Edmiston, to read essays at the next meeting.

On motion of Dr. Richards, Dr. S. W. Noble, of Le Roy, was appointed to write an essay on Puerperal Peretonitis.

On motion of Dr. Lewis, the thanks of the society were tendered to Dr. Edmiston and lady, for the excellent dinner furnished the members, at the Doctor's residence.

On motion, the Secretary was ordered to furnish a copy of these proceedings to the Editors of the *Chicago Medical Journal*, for publication.

On motion, the Society adjourned, to meet in quarterly session, at Santa Anna, on the first Tuesday of July next, at 10 o'clock A. M.

C. GOODBRAKE, Sec'y.

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CHLORATE OF POTASH IN MERCURIAL SALIVATION.—In a great number of cases in which the energetic use of mercurials had to be suspended, on account of salivation supervening, its continuance was rendered possible by giving to the patients, daily, from ʒi to ʒiss of chlorate of potash; the phenomena of mercurialization disappeared during this treatment, or very nearly so, whilst the cure of the disease was in no way retarded.— *Zeitschr. d. Wiener Aerzte.*

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TINCTURE OF IODINE REMOVES CORNS.—By means of a camel's hair brush, wet the corn several times a day for a short time; the pain gradually disappears, the skin becomes thinner, acquiring, finally, its original softness. To prevent a return, all pressure of the shoe must be avoided.—*Zeitschrift d. Pharmacie, Leipzig*, 1859.

# Miscellaneous.

## ON UNION BY THE FIRST INTENTION AND PURULENT ABSORPTION.

BY WARREN STONE, M. D., PROFESSOR OF SURGERY IN THE UNIVERSITY OF LOUISIANA.

The tendency of us all is to fall into a routine, and to adopt some mode of practice, and to apply it to all cases and conditions; and hence the opposite systems of practice, often seen, not only in different cotntries, but in the same country and in the same city, and even in the same hospital. This is strikingly illustrated by the exclusive and opposite methods of dressing wounds, adopted by the American and French surgeons. The American sugeons dress with a view of obtaining union by the first intention in all cases, whether it is probable it may be effected or not. The French surgeons fill their wounds with lint to prevent union, if there should be a disposition to it. The French, however, I believe, are not so exclusive in their mode of dressing as the Americans, but both are undoubtedly wrong. It is undoubtedly true that our mode of dressing is far better adapted to our country than to France, but it is evident that neither method is adapted exclusively to either country. The American surgeon dresses all cases alike, whether there is prospect of immediate union or not. The wounded or divided parts are brought in close contact, regardless of the consequence of confining dead animal fluids upon surfaces not protected by the exudation of plastic lymph. The French surgeon, fearing purulent absorption of other impure animal matter, leaves the wound open, or fills it with charpie, to absorb any fluid that may accumulate, and to stimulate the surfaces. It is quite certain that, in the French hospitals, at least, adhesive inflamation does

not take place so favorably as it does in ours, and I will not pretend to determine how far they are wrong in their exclusive method of dressing; but, favorable as our country is, I am sure that we are as much in error in our exclusive method as they are in theirs. We have not attached sufficient importance to the danger of confining by dressing the effused fluids in the depths of wounds that do not take on healthy, adhesive inflamation. Even if absorption does not take place and affect the system generally, the local effect is bad, causing unhealthy action, and in some cases favoring gangrene. This is shown by the unhealthy inflammation that often follows contused and lacerated wounds, where the blood is diffused in the tissues and the air has sufficient access to favor decomposition.

Hunter, in his work on the blood, warns us against making an opening to discharge the blood that may be extravasated in the tissues after contused wounds, but without giving any other reason, except the fact that such opening is liable to be followed by illconditioned inflammation. While blood is excluded from the air, it remains harmless, and plastic lymph will be exuded around it; but if the air has access to it, decomposition may change it to poison, which will change the character of the inflammation entirely, and reduce the blood to the capacity of the absorbents, and it may be absorbed, and produce more or less constitutional disturbance. I am sure this takes place, under certain circumstances, from blood extravasated into the large serous cavities, for I have seen cases of death, with all the symptoms of animal poisoning, shown by the experiments of Magendie, when the consequent inflamation was very little. This should furnish a plain indication in the management of wounds of this kind; and in the dressing of wounds generally, we should be cautious in confining the animal juices or effusions.

When union by the first intention cannot be expected, it is, at best, useless to bring the surface of the wounds closely together, and even if no other serious consequence follows, the wound itself often takes on unhealthy inflammation, and does not granulate as well as if it had been left more open for the ready discharge of any effused fluid, and for the application of stimulants, if necessary.

It is a great object, in many cases, to effect union by the first intention, in large wounds such as are left after amputation, for the diminished irritation and the saving of the drain of suppuration may often be the means of saving the life of the patient. Something may be done before dressing to les-

sen the effusion that always takes place from exposed surfaces, and to favor healthy reaction. The effusion of serum would cease, of course, if we waited long enough before dressing, but this is not generally done, and, indeed, in many cases it would require an hour's exposure. The application of ice answers the double purpose, that of drying the stump and affording healthy reaction and the adhesive process.—This, I believe, is a perfectly safe application (unless rigors are produced by it,) and when the capilary circulation is feeble, or when it is feared that too little reaction will take place, there is no other stimulant so wholesome, or that produces so natural and healthy a reaction.

In the French hospitals, purulent absorption is the great dread, and this has led to a more general use of the ecraseur than would otherwise have been given it, for it is asserted (and I believe with truth) that wounds made by this instrument heal more favorably than those made with the knife, and are much less liable to what is termed in Paris purulent absorption. I have reference only to the Paris hospitals, for union by the first intenlion cannot be contemplated when the ecraseur is used. The favorable result, however, of wounds or operations by this instrument, goes to prove what I have asserted of the bad effects of the effused animal fluids in wounds, either directly on the surface of the wound or by absorption. The ecraseur does not make a rough and ragged wound, as is generally supposed, but the tissues are cut as with scissors, but in such a gradual manner as to give time for the closure of vessels of moderate sizes, and consequently there is no oozing or exuding from its surfaces, and it remains dry, and is followed by no ill-conditioned inflammation. Why is this, when incised wounds are disposed to behave so badly under the same circumstances and in the same hospital? I can see no reason but the effusion of animal juices that takes place in incised wounds, which is prevented by the ecraseur. The incised wound produces less violence, and if everything is favorable, union by the first intention will follow, which cannot be expected of a wound by the ecraseur under the same favorable circumstances. The keen cutting instrument is far preferable in most, if not in all cases, and so far as any absorption of impure matter is dangerous, the effect can be entirely obviated by the application of ice in favorable cases, and if necessary, the application of the alum iron or per-chloride of iron, which arrests at once all oozing of the fluids, and produces a wholesome stimulant effect. These last two applications are only recommended when union by the first

intention is not expected, and when there is a general disposition to unhealthy inflammation.

I have been surprised at the readiness with which wounds heal when I have found it necessary to apply these potent styptics, and the uniform healthy character of the reaction after their use.

The ecrasure is better adapted to the removal of hæmorrhoids than anything else; but fifteen minutes to half an hour must be taken for each application, or there will be danger of hæmorrhage. I have been in the habit of using scissors, and applying immediately a sponge of suitable size, saturated with a strong solution of alum iron, which arrests the bleeding with certainty, and the parts give very little trouble afterwards. In a pure state, there is not much difference in effect between the per-chloride and the alum iron, but the per-chloride decomposes readily, gives down a sediment, and leaves an excess of acid, while the alum iron is always neutral.—Whether the French surgeons mean by purulent absorption the actual absorption into the circulation of pus, or mean to express a pyæmic condition, I am unable to determine, tho' it is certain that they do not mean that pus, in its natural state, is absorbed, for it is decided that this cannot take place. They apply it to that pyæmic condition which is attended by great depression, and the formation of matter in different parts of the body, which they attribute to the absorption of impure matter from wounds; it may be disintegrated pus, or other animal fluids. This never takes place in healthy and vigorous subjects, in which healthy exudation of lymph follows wounds, and it is quite plain that its frequency in the Paris hospitals is due, in a great measure, to the want of fresh air and proper nourishment. I speak of the deprivation of fresh air from personal observation, and judge of the diet from the general appearance of the patients. In the London hospitals, surgical patients presenting the appearance of the generality of those in the Paris hospitals, would be ordered beef, mutton, and porter or port wine, etc. This general poverty of the blood prevents adhesive inflamation, and leaves wounds in a condition to absorb the unhealthy fluids that form in them, and the general system in a state to be most seriously affected by it.

By proper preparation, by means of tonics, and proper diet, much may be done to prevent this unfavorable result.—Several years ago, and for several years, operations were disposed to take on a kind of diffusive, unhealthy, cellular inflamation, and in all cases that admitted of delay, I was in the

habit of preparing them, by the use of tonics and attention to the stomach and diet, and by these means I almost always avoided this unhealthy process. The late Professor Wedderburn, who was one of the visiting surgeons of the Charity Hospital, during the time referred to, made local applications for the same purposes. His usual application was a strong solution of sulph. quinine, with a slight excess of acid, and he thought it almost a specific. I believe it was of some service, but the more potent applications before mentioned, I am confident, are more sure, if the case should be imminent enough to warrant their use, and I hold that these applications would be warranted in all cases where union by the first intention cannot be expected, and when unhealthy inflamation is probable. These cases, however, are different from the cases of pyæmia in the Paris hospitals, and are probably due more to some epidemic poison and deterioration than to poverty of the blood. Pyæmia has also at times been prevalent, as if some epidemic influence was operating. Tonics, fresh air and proper nutriment constitute the general treatment, and stimulants or potent astringents are proper local applications, and very effective, at least as much so as the ecraseur.

## CEREBRAL SYMPTOMS INDEPENDENT OF CEREBRAL DISEASES.

BY CHARLES WEST, M. D.

In a lecture delivered at the Hospital for Sick Children, in London, Dr. West made some general remarks upon the importance of distinguishing between diseases of children depending on cerebral causes, and those which presented merely cerebral symptoms. "Do you think his brain is affected?" is a question frequently asked, and the physician's reply must be governed by his knowledge of the distinctions between true cerebral disorder and that which simulates it. Heaviness, drowsiness, a feeling of unrest, are precursory symptoms of so many affections, that it becomes necessary to detect, if possible, their real import. The younger the child, of course the more difficult will be the diagnosis. Dr. West considers three or four important points:—

1st. "The cerebral symptoms that usher in the attack, or

accompany the early stages of fever." The more violent these are at first, the less likely they are to be dependent on disease of the brain; violent convulsions, for example, at this stage, being almost always connected with some morbid condition existing elsewhere. So, too, in the early stages of eruptive fevers, as measels and small-pox, convulsions of a violent nature occur, but disappear on the decided appearance of the eruption. When, however, very severe convulsions precede an attack of epidemic scarlatina, the prognosis may generally be formed of a malignant type of the disease. At a time when epidemic scarlet fever visited Dresden, in 1831 and 1832, cases were seen of intense cerebral disorder without any eruption, differing from inflamation of the brain in the rapidity of attack and in the absence of many of the symptoms, and yet, by post-mortem examination, the conclusion was arrived at that these were cases of scarlatina, in which death had taken place before time was given for the manifestation of the disease. Sometimes a question arises whether the affection of the little sufferer is tubercular hydrocephalus or typhoid fever; but the character of the cerebral symptoms is different, and age also may often determine the diagnosis; the younger the child the less likely the disease to be hydrocephalus.

2d. "Those [symptoms] which at the outset of acute inflamations of the thoracic viscera sometimes throw the evidence of the real disease into the shade." Pneumonia and pleurisy, for instance, occasionally commence with a convulsion and vomiting, and delirium may follow, while the cough may be slight. Looking at the preponderance of severe cerebral symptoms over the evidences of thoracic disorder, cerebral congestion, hydrocephalus, or typhoid fever may be alike erroneously diagnosticated. But the physician cannot long remain in error, especially if he has the diagnostic skill to recognise the absence of many of the symptoms of diseased brain.

3d. "Those [symptoms] dependent on some disorder of the abdominal viscera," etc. Convulsions from such causes depend often on the indigestible character of the food supplied to the child, but the history of the case, the condition of the abdomen, and the peculiar character of the convulsion will generally establish the diagnosis. In diarrhœas, and relapses of diarrhœas, a condition may supervene, where the case has been persistent, in which irritation and exhaustion may produce symptoms like those of inflammation of the brain—hydrocephaloid disease, a kind of spurious hydrocephalus.

The same condition may arise from the gradual influence of imperfect nutrition, the cerebral symptoms coming on slowly and insidiously. As fatal results may follow this imitative disease as attend true inflammation of the brain, and yet if a treatment be adopted which aims at correcting the cause, instead of one founded upon a faulty diagnosis, such results may be averted.

4th. "Chronic cases, in which cerebral symptoms occur and are likely to be misapprehended." Dr. West briefly sketches a few of these, such as temporary but long continued dulling of the faculties after fevers, altered temper, a precociousness which becomes alarming from its unexpectedness, neuralgic headache, so often thought to be the precursors of mental diseases in children, etc.

In these warnings against the errors which may so readily occur in a hurried diagnosis, Dr. West has given valuable hints and suggestions of dangers which may attend the practice of physicians of any age in their care and management of the young sick.—*Medical Times and Gazette.*

## ON FŒTAL ASCULATION.

LETTER FROM DR. FRANCIS ADAMS TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir:—From the statements which have been made under the present head in this journal, it would appear, contrary to my expectation, that there is such a discrepancy in the views of the stethoscopists regarding the sounds detected by asculation of the heart and of the uterus, that I consider it necessary to determine, if possible with precision, what may be assumed as the generally admitted facts of the case, before attempting to settle those points about which a difference of opinion prevails, and which I am anxious to establish.

The following, then, would appear to be acknowledged and regarded by all the authorities, from Lænnec downwards, as the ratio which subsists between the pulse and the sounds of the heart, both in adults and in new born children:

Every arterial pulse at the wrist has synchronous with it an impulse in the cardiac region, and every impulse is accom-

panied by two sounds: first, by a loud, and more prolonged sound; and, secondly, by a feeble and more abrupt sound.—Pulse and impulse are recognized by the touch; the sounds, by the sense of hearing. Many people, indeed, find some difficulty in detecting the second sound, even in the adult state, but these are dismissed with a scornful notice by such distinguished stethoscopists as the late writer on fœtal auscultation in this journal. We may assume it, then, as being generally conceded that in the adult state the pulse and impulse range from 70 to 80, and the cardiac sounds from 70 to 80 double sounds, or from 140 to 160 single sounds. At birth, the highest authorities agree that the pulse is about 140, and consequently the cardiac sounds must be about 280; that is to say, 140 strong, and 140 feeble sounds. These are generally denominated the "tic-tac" sounds by the authorities; the "tic" meaning the strong, and the "tac" the feeble sounds. In utero no one pretends that generally either the one or the other is less frequent than at birth; and consequently we may venture to assume, as admitted, that at this period the "tic-tac" sounds, taken together, should range from 260 to 280 per minute.*

Whenever, then, an auscultator in the abdominal regions detects regularly such a low number of single sounds as 160, there can be no question that these are to be referred not to the fœtal, but to the maternal heart; at all events, most certainly not to the former. Whether, indeed, the fact be absolutely and unquestionably as stated by the celebrated auscultator in the far North, we shall not pretend to affirm or deny, but this point settled, and the inference is irresistible that these 160 single sounds cannot have proceeded from the fœtal heart. No, no; this is the standard of the adult, and not of the fœtal heart. And, by-the-way, it may be that this is the

* The writer referred to above, (*Medical Times and Gazette*, November 5th) makes the singular averment that "Dr. Adams is the first who affirmed that from 130 to 160 beats could be distinguished." Now this I do not affirm, but I do say that the authorities, from the first writer on it perhaps in this country (see Cyclop. of Med., p. 242) down to the latest authority, Dr. Ferguson, all speak of the fœtal sounds being double, and of excessive frequency; and the latter mentions "the tic-tac sound repeated 140 times per minute." Surely 140 brace of grouse means 280 birds all the world over! When this writer talks of 60 to 80 maternal pulsations in the minute, surely he who contends so strongly for the distinctness of the second sound of the heart, does not mean to say that this is the amount of the adult sounds. He does not mean surely that there are 30 loud and 30 feeble sounds, but 60 loud and 60 feeble ones. Altogether, however, he evidently confounds beats with sounds. But sounds are double the number of beats.

true explanation of the mistake committed by the learned auscultator in the case of spurious pregnancy related by Dr. Simpson, who may have fallen into the same mistake as our Northern auscultator in confounding the average standard with that of the fœtal heart. We think, then, the question is, in so far, set at rest, that granted 160 single sounds can be regularly detected in auscultation of the pelvic region, no one has a right to infer therefrom the existence of a living fœtal heart in that quarter.

But, it will be here asked, what if about 140 double tic-tac sounds can be detected per minute in the pelvic region, is not this an absolute and unmistakable mark that a living fœtal heart must exist within? Dr. R. Fergusson, in his Preparatory Essay to Dr. Gouch's work "On the Most Important Diseases of Women," lately published by the New Sydenham Society, answers this question in the negative. In the first place, "it is often not found;" and even when discovered, it is no certain mark of pregnancy, as the following case proves beyond controversy:

A poor girl was violated: her belly enlarged; and she was supposed to be pregnant; and, no wonder, seeing the tic-tac sound could be heard 140 times a minute. Yet it turned out to be a serous collection, as was ascertained by tapping with a trocar. It appears, therefore, that whether the allotted number of sounds be regarded as single or double, in neither case are they any certain mark of pregnancy.

We must now say a few words respecting what is usually called the *placental soufflet;* and here again we must come to an understanding regarding the general facts involved in this question.

Bellows sounds, or *bruits de soufflet*, (sounds which have not inaptly been compared to those of a locomotive just about to start on a journey,) are generally admitted to be produced more especially by the pressure of the stethoscope on enlarged vessels, whether arterial or venous, but also not unfrequently as I myself can attest, by muscular contraction, and the passage of air through an internal tube, such as the trachea in the neck, or the intestinal canal in the abdomen. Altogether these soufflets are admitted to be very fallacious guides in diagnosis; for what physician is there of experience who has not known very many cases in which vasular tumors have been thus diagnosed aneurisms, and *vice versa?* Few can have had many opportunities of seeing abdominal tumors, and not met with cases in which they were accompanied with strong *bruits de soufflet.* (See Cyclopedia of Medicine, vol. iii.

pp. 484, 485.) Dr. Meigs thus expresses the result of his experience in this matter: "As to the value of the *bruit de soufflet* in the diagnosis of pregnancy, it has been found that the earlier opinions were erroneous; and I believe there are few well-informed physicians to be now met with who give it even the smallest portion of their confidence in the unfacile discriminations that they are sometimes charged to make.—It is not to be doubted that the sound is produced by the rush of blood in vessels, and, in my opinion, sustained by a very long practice in obstetric auscultation, it depends upon the motion of the blood in the iliacs and hypogastrics. I have certainly heard the same sound after delivery as before the child was born, and I have heard it as dependent upon pressure by tumors within the abdomen. Hence I have not the least confidence in it as an object in obstetric auscultation." (*Obstetrics*, p. 240.) Dr. Fergusson, in the work quoted above, expresses himself to the same effect in the strongest terms. He has known it produced by pelvic tumors in cases of putrid fœtuses and morbid placenta; hence he holds that "it affords no diagnostic mark as to fœtal or placentry development."

After all this, what can we think of the Northen auscultator who, on the contrary, affirms that "scarcely any one at the present day entertains a doubt that in almost every case of pregnancy after the seventh month, both the pulsations of the fœtal heart and the *placental soufflet* can, with a moderate degree of care, be readily distinguished," and "that there is no possibility of a mistake being committed here;" for that "the sound of the fœtal heart can by no stretch of imagination, no flight of fancy, no exercise of faith, no intensity of impression, be confounded with any other: it is a sound *per se!*"

I am confident the writer of these sentences stands alone, at the present day, in holding the strong opinions here announced; and I shall only beg leave to add that I trust he does not reduce them to practice himself, nor encourage the youth of the profession to do so. For most assuredly if the young practitioners of the obstetric art regard it as a rule that whenever, in attending cases of protracted labor, they cannot with moderate care detect a soufflet and 160 sounds in the pelvic regions, they are quite warranted in dealing with the child as a dead body, and in applying the perforator to its head; they will soon become familiar with sights which will fill their hearts with sorrow and cover their faces with shame; sights which I forbear to describe, although I have both heard and read of such cases; but I feel grateful to Providence that

albeit I am denounced as the holder of heterodox doctrines in obstetrical stethoscopy, I never was condemned to witness any such in my own practice.

With regard, then, to fœtal ascultation, I think the following points have been satisfactorily determined:—

1. That the cases of spurious pregnancy related by Dr. Simpson, in which eminent ascultators fancied they could detect the double sounds of a fœtal heart when there were none present, and the various other instances of a similar character related above, all go to prove that this process of diagnosis is not at all to be relied upon as a test of pregnancy.

2. That the leading facts of the case are so differently stated by different individuals as to put it beyond doubt that these statements must have been much modified by previous impressions and modes of faith.

3. That since soufflets are often heard in the case of pelvic tumors, after delivery, and when the fœtus is putrid and the placenta morbid, they cannot be regarded as placentral, or as indicative of pregnancy at all.

4. That the sounds detected in the uteral region, unless double, cannot have been cardiac, nor, unless double the arterial pulse of the fœtus, can they have been connected with its heart, consequently that such an amount as from 140 to 160 single sounds cannot be referred to the fœtal heart.

5. That one of the authorities for fœtal asculation admits candidly that even this number of 140 double or tic-tac sounds is often not present in pregnancy; and, on the other hand, that it is sometimes present when there is no fœtus in utero.

6. That the fœtal heart is so surrounded by a large mass of dense maternal structures and blood-vessels, and by the solid limbs and organs of the child, that it seems next to incredible that any sound emitted by it could ever reach the ear of an auscultator.

7. That the whole system of the fœtal auscultation originated soon after the dawn of general auscultation, when men's minds were excited by the love of novelty, and warped by many erroneous impressions and mistaken modes of thinking, and has since been mainly upheld by authority.

## SULPHUROUS VAPOR BATHS IN CHRONIC RHEUMATISM.

BY DR. G. L. PURDY.

All practitioners of much experience, are aware of the obstinacy of the affection—chronic Rheumatism, how slow it is to yield to remedies, and how often it entirely defies the whole array of Therapuetics. And under these circumstances any means that tends towards its alleviation or cure ought to be promulgated amongst the profession, and used for the benefit of the sufferers from this disease.

The treatment of chronic rheumatism by the sulphurous vapor baths, is reported by James Williams, M. D., in the London *Lancet* for August 1858, and in the thirty-eighth No. of Braithwait's Retrospect the same thing is upon record.

I shall not attempt to enter into the pathology of this disease, nor the modus operandi of the treatment, but will merely make up a short report of a case in which I used the bath as an adjuvant to other means, with a successful result, after the disease had resisted similar means, unaided by the bath.

Dr. Williams describes an apparatus for the administration of the bath, but it can be used without going to all this trouble.

I had my patient stripped to the skin, and seated on a tight-bottomed chair—thickly enveloped with flannel blankets from the shoulders downwards. Place the blankets tightly around the neck, and have them fit snugly to the floor, around the patient's chair,—but as far from it as you conveienty can, so their will be no danger of their taking fire from the flame of the sulphur. Now place under the patient's chair an iron vessel containing one-fourth of an ounce of sublimed sulphur of the shops, and upon the sulphur, place a small piece of red hot iron, and combustion immediately takes place. If the vapor should escape through the blankets too much, and thus annoy the patient, place a covering around him, or keep the vapor from the face with a fan.

The patient should be thus vaporised 20 or 30 minutes, or until a very free perspiration is got up. If the sulphur burns out too soon add some more. When the bath is discontinued have the blankets removed, and the patient well sprinkled with a half gallon of cold salt water, and thoroughly dried with brisk friction, and placed in a bed, warmly covered for three hours. The bath should be used once every second or third day.

Mrs. Y. aged about 30, was attacked last March with rheumatism of the left hip, knee and ankle joints, incapacitating her from going about, except by the aid of crutches;—sometimes she could not even use these for days at a time.

From what I could learn, the disease was rather of the acute character at the commencement. She was treated for six weeks by a medical friend, of a neighboring village, who subjected her to all the remedies usually applied in such cases but with very little benefit.

She then underwent a two months course of infinitesimal homœopathy, but received no beneficial results. The Homœopathist promised to cure in two weeks.

From this time, until the 12th of last August, she went the rounds of home-made and patent medicines, the results as before—no benefft of a permaent character.

I was called to visit her for the first time on the 12th of last August, and found her almost helpless from inability to use the left leg, the joints being quite sensative to the touch, especially the hip joint. She was very much exhausted and worn down from loss of sleep and irritation. Being favorably impressed by Dr. Williams' paper on the Sulphurous Vapor Bath, I determined to give it a trial in this case. I therefore subjected her to its influence every third day, and gave her 10 grs. pulvo gum guaiac, and 1 gr. pulvo sem colchicum, three times a day. Under this treatment, and a succession of blisters around the hip joint, she gradually and steadily improved.

By the 25th of September, she could walk without crutches. I now changed the guaiac and colchicum, for the compt syrup sarsaparilla, and iodide potassa. This course was continued for three weeks longer, but the bath was used only once a week since the 25th of September, and discontinued on the 15th of October, when she was well enough to do her own house-work, and discharged her hired girl. She continued the use of the sarsaparilla and iodide potassa for three weeks longer. As she appeared well, the medicine was discontinued at that time. I frequently hear from her, and her health remains good. I attributed the chief part of her recovery to the sulpurous vapor bath, for in a conversation with the first attending physician, he told me that he had given her colchicum, guaiacum, iodide potassa, and may other remedies.

I have given a very condensed account of the case, and yet I think extensive enough, to give an opportunity to see the effects of the bath in this obstinate case of chronic rheumatism. —*Cleveland Medical Gazette.*

# CASE OF ABSCESS OF PAROTID GLAND,

REPORTED BY J. LYKINS, M. D., OF KANSAS CITY, MO.

In August, 185–, Mr. J. J. a respectable farmer, aged 45, was attacked with congestive fever, ushered in by a chill. Upon the invasion of second chill, I was called to see the patient. Found the extremities cold, pulse hardly perceptible, patient unconscious, passing involuntary stools, etc. By the most prompt and energetic treatment, after three hours effort, pulse rose and fever set up.

2nd day.—Kept patient under the influence of free portions of quinine, remained with him three or four hours, preceding and during the time of expected chill; patient escaped both chill and fever, and was dismissed as requiring no further treatment.

4th day, 4 o'clock, P. M.—Was called in great haste to the patient, found him suffering most intense pain, and upon examination found its seat to be the Parotid Gland, which proved to be slightly enlarged and too painful to be touched. The patient having been subjected to a vigorous treatment of Sub. Mur. Hydrg. and Sulph. Quin. in order to break up the fever, was put upon the use of saline cathartics and the usual lotions externally.

6th day.—Jaws fixed, gland greatly enlarged, general tumefaction much increased, jaws too rigid to admit of anything entering the mouth except fluids; patient delirious. Prescribed castor oil to be followed by quinine, external applications the same.

7th, 8th, and 9th days.—Treatment continued, left eye closed by swelling, articulation suspended.

10th and 11th days.—Prognosis hopelessly unfavorable; called in Drs. Boggs & Caldwell, both of whom agreed without hesitation, in pronouncing the case one of Abscess of the Parotid Gland, supervening upon the congestive stages through which the patient had passed during the first attack.

12th and 13th days.—Tumor purple; first indications of pus deeply seated.

14th day.—Minute portions of purulent matter escaping from the ear, with indications of pus pointing over the centre of the gland.

15th day.—Introduced lancet, pus was reached easily, but escaped slowly.

16th day.—Patient feeble, discharging enormous quantity of dark, morbid bile, from the bowels; no relaxation of the jaws; treatment continued.

17th day.—Plunged lancet into the tumor, anterior to the ramus of the lower jaw, below the masseter muscle; as before reached the pus, but it would not flow. Flax-seed meal poultice applied.

18th, 19th, and 20th days.—Pus tenacious, escaping slowly, skin sloughed away below the ear to the angle of the jaw, exposing viscid pus adherent by cellular tissue, and resembling end of grass rope.

21st and 22d days.—Jaws slightly relaxed, swelling abated partially, patient desires food, is more rational.

23rd, 24th and 25th days.—Slough enlarged, discharge exceedingly offensive.

26th, 27th and 28th days.—Takes soup freely, and desires meat, improving; tonics continued.

29th, 30th and 31st days.—Opening under the ear enlarging pendant from which hangs the suppurating inferior portion of the Parotid Gland. Attempted to cut it away with Surgeons' scissors; so resistant as to cause the scissor blades to chew; left side of the face paralysed, and cheek drawn aside.

32nd and 33rd days.—Patient rapidly improving, jaws are partially moveable; suceeded in removing a portion of destroyed Gland, which brought away with it the trunk of the Portio dura and its branches Temporo facial and cervico facial, the external carotid artery, etc.

34th day.—Patient continues to improve; Gland slowly coming away. This continued many weeks; at last the ulcer healed, and the patient regained his health.

Happily for us this patient now resides near our city, and to an examinaton of the cicatrix, and to the evident absence of the Parotid Gland, I beg leave to invite the attention of the Editors of this Medical Journal. I do this with the more interest as Dr. Titus Deville in the Chicago *Medical Examiner* has denied that the Parotid Gland is liable to disease, and has thereby in my opinion, convicted himself of the ignorance which he has charged upon Prof. Brainard.

Dr. Caldwell of Independence, a most intelligent Physician at the time of the above related case, informed me that he had in this country witnessed two cases of abscess of Parotid Gland, consequent upon congestive fever, both of which proved fatal.—*Kansas City Med. and Surg. Review.*

# FUNIS PRESENTATION.

THREE CASES TREATED SUCCESSFULLY BY THE POSTURE METHOD.

BY S. BRANDIES, M. D., LOUISVILLE, KY.

Case I.—Mrs. Katharine Rehm, aged thirty, a native of Germany, and who has borne four children, (one of which was still-born in conseqenc of prolapse of the funis,) was seized with her fifth labor on the first day of July, 1858, at 4 o'clock, A. M. At 5 o'clock the membranes ruptured, followed by a full gush of liquor amnii, which carried forward with it a long loop of the funis and the right hand. The midwife in attendance, having discovered the mischief, sent immediately for my assistance.

I reached the patient within ten minutes, and found the funis, feebly pulsating, outside of the genitals, the hand within, and the head balloting high above the entrance of the pelvis. Remembering a plan suggested by Dr. Thomas, of New York, I forthwith placed the parturient on her knees and elbows, supporting the body with pillows in such a way that the pelvis was a good deal higher than the chest.

With slow and careful manipulations I succeeded in replacing both funis and arm far beyond the head, while I kept my hand within the cavity of the womb in order to prevent a further prolapse. Strong labor pains set in, and, soon after, the head engaged so firmly in the superior entrance of the pelvis that all apprehension of a procedentia of the funis vanished. The patient was now placed on her back, labor proceeded rapidly, and three-quarters of an hour later a living child (a boy) was born.

The patient did very well afterwards. The placenta was spontaneously expelled, there was very little after-pain, and recovery took place rapidly. The child is now eighteen months old, vigorous and healthy.

Case II.—Mrs. Katharine Rapp, aged thirty-six, a native of Germany, a stout and healthy woman, and the mother of four children, was taken with labor pains at eight o'clock, P. M., October 12th, 1859. Soon after the arrival of the midwife the membranes ruptured, and a loop of the funis and the hand presented. I was summoned to the case at 11 o'clock, P. M. On exomination, I found the midwife's diagnosis correct: the hand was the left one; the loop of the funis, still pulsating, was about three inches long; whilst the head was high above the entrance of the pelvis. The method described

in Case I, was immediately carried into operation. The reposition of the parts prolapsed was accomplished in about ten minutes. Labor pains were rather slow for about three-quarters of an hour, and the patient, having been so very much fatigued by her uncomfortable posture, was permitted to lie on her left side with a high pillow under her hips. The pulsation of the child's heart, which had been very feeble, now recovered its full strength, labor pains re-appeared, the head engaged firmly in the pelvis, no further prolapsus occurred, and, at half-past twelve, a loud crying child (a boy, eleven pounds in weight) made its appearance. Childbed proceeded without the least disturbance. The child is now four months old.

Case III.—Mrs. Elizabeth Bohn, aged thirty-six, native of Germany, of vigorous frame, but somewhat reduced by a bronchial catarrh which persisted during the later months of gestation, sent for a midwife at eleven P. M., February 3d, 1860. The pains were so slow and feeble that patient and widwife slept several hours during the night. At five oclock A. M., contractions of the womb re-appeared more forcibly, the membranes ruptured, after which the midwife discovered the funis projecting through the os uteri, but could not find any fœtal part presenting. My assistance was called for at seven o'clock A. M., February 4th, 1860.

On examination, I found the funis in from four to five small loops projecting through the os uteri, which was only partially dilated; the head, being high above the pelvis, I could discover only by introducing my full hand.

After placing the patient in the position already described, efforts were made to replace the funis, which was more difficult in this case than in the two former, as several loops were projecting, and one would drop down while another was carried up; but nevertheless the aim was accomplished in a very short time, and the operating hand kept within the uterus in order to prevent another prolapsus. In the meantime, uterine contractions propelled the head into the pelvis. The patient was now placed once more on her back, (to her great comfort,) and ascultation soon convinced me of the child's life.

Labor proceeded rapidly, and at a quarter-past eight, A. M., one hour after my arrival, a crying child proclaimed to me once more the success of the operation.

The patient had some after-pains, which yielded to slight medication. She is now doing well.

A few remarks on the merits of the operation employed in the cases just reported, will be permitted.

The presentation, or rather the prolapsus of the funis, is by all authorities in the art of accouchment, considered as a complication most disastrous to the life of the fœtus, and the great variety of contrivances invented for the occurrence is the most eloquent testimony for the difficulty of its removal.

The space granted to this paper does not permit the reporter, nor is it his aim, to go into a detail of the various modes of treatment, but it may be remarked, that not only the life of the fœtus, but the life as well as health of the mother is often endangered or lost through the severe operation—forceps, version, and craniotomy—often resorted to, after repeated efforts have failed to replace the funis.

The following table, collected from the highest authorities, shows the numerical proportion of this occurrence:—

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Collins, | 16152 | cases of | labor. | 97 | funis | presentations. | 1 | out of | 165 |
| Churchill, | 90983 | " | " | 322 | " | " | 1 | " | 282 |
| Michælis, | 2400 | " | " | 27 | " | " | 1 | " | 88 |
| Boivin, | 20357 | " | " | 38 | " | " | 1 | " | 535 |
| LaChapelle, | 15652 | " | " | 41 | " | " | 1 | " | 411 |
| Hardy and McClintock | 6702 | " | " | 37 | " | " | 1 | " | 181 |
| Klein, | 5490 | " | " | 55 | " | " | 1 | " | 100 |
| Barstch, | 4425 | " | " | 16 | " | " | 1 | " | 276 |
| Arneth, | 6608 | " | " | 33 | " | " | 1 | " | 200 |
| Skanzoni, | 8415 | " | " | 29 | " | " | 1 | " | 290 |

Out of 177,184 accouchments, which is the total amount of the figures just referred to, prolapsus of the funis occurred 695 times, giving a proportion of 1:264, showing that this anomaly is one of the most frequent disturbances of labor.

Another table will show the relative mortality of children born under these circumstances:

| | Prolapsus of Funis. | Children Still-born. |
|---|---|---|
| Mauriceau. | 39 | 15 |
| De la Motte, | 14 | 5 |
| Clarke, | 66 | 49 |
| Collins, | 97 | 24 |
| Churchill, | 322 | 220 |
| Hardy and McClintock, | 37 | 25 |
| LaChapelle, | 41 | 8 |
| Michælis, | 27 | 20 |
| Boivin, | 38 | 18 |
| Arneth, | 33 | 11 |
| Skanzoni, | 29 | 13 |
| | 743 | 408 |

Thus, 743 cases of prolapsus funis gave 408 still-born children, a proportion of 1:1.82, which shows clearly enough that accouchers have not been very successful in treating this kind of labor.

The rationale of the posture method being obvious to every skillful practitioner, we shall, in conclusion, try to give the indications for it.

First: The operation is only admissible as long as circulation exists in the funis; even if the circulation is feeble, it may soon be restored after the impediment is removed.

Second: The os uteri must be sufficiently ditated or dilatable.

Third: The liquor amnii must be partly retained; otherwise, if it should all have escaped, and the uterus be firmly contracted over the child's body, every effort for the reduction of the prolapsed funis would be in vain.

## THE VACCINATION CASES AT WESTFORD.

Much excitement has lately been caused in Westford and its vicinity, by the serious effects which have followed several cases of vaccinatien in that town. From the report made at the last meeting of the Boston Society for Medical Improvement, it appears that the matter used consisted of crusts, taken from healthy persons, and having every appearance of being perfectly good. In preparing these for use, two or three were dissolved in a small quantity of snow water, this solution being kept in a vial, which was carried in the pocket. A thread soaked in this was the medium of introduction.

From this solution twenty-eight persons were vaccinated on the day it was thus prepared (Feb. 11th), and no bad results followed. On the 18th, one week after, twenty-seven or eight others were vaccinated with the same material. Five of thes were seriously affected with constitutional symptoms, followed by violent erysipelas of the whole arm, both external and cellular, and sloughing. Three days later, two more persons were vaccinated from the same vial, both of whom have since died.

It was the opinion of nearly all present at the time of the report, that the cause of these results arose from the decom-

position of the animal matter in the solution, and that to this and not to any inherent peculiarity in the matter, nor to the mode of application, were to be attributed the unlooked-for and dangerous results which have followed.

That the symptoms were due to some *change in the matter, subsequent to its preparation*, is evident from the fact that those first vaccinated exhibited nothing unusual, while the symptoms of blood-poisoning were most marked in those last inoculated with the virus.

That the matter had commenced to undergo the putrefactive change, was evident from the odor, which was extremely offensive, so that the opinion generally entertained is obviously the correct one, that the symptoms were due to the introduction of putrid animal matter, and cannot be attributable to anything in the matter itself as originally obtained, nor in any peculiar atmospheric condition, of which there was no evidence.—*Boston Med. and Surgical Journal.*

## CLOSURE OF THE FONTANELLES.

Physicians are often questioned about the proper time for the closure of the anterior fotanelle, and it may be difficult for some to answer, since the best anatomist are at variance on this point. We therefore think that it may not be unacceptable to give a summary of some recent observations, by Henri Roger, in the *Union Medicale* for November, 1859.

The researches are based upon the fact, that a cephalic souffle is not heard when the opening is closed by bone.

In three hundred children the anterior fontanelle was never found closed before the age of fifteen months, and never opened after the age of three years.

It must be stated, however, that a distinction is to be made between the clinical and anatomical closure—the first being recognizable during life, the second after death.

In the first case, that is the clinical closure, the size of the closure gradually diminishes, while, at the same time, the membrane becomes thicker until it finally feels like bone. When this takes place, the cephalic souffle is no longer perceptible. The only method of determining the absolute closure by bone, is to examine the dead body. Still, we may assume, that when the fontanelles appear to be closed by ossification, they really are so.

The results arrived at in the manner above mentioned, are as follows: The period of ossification is comprised between the ages of fifteen months and three years and a half. At the first age, the complete change is very rare; at the last, is always found. But these are the extremes. The occlusion generally takes place between the second and third year, and its frequency is regularly progressive from the twentieth to the twenty-third month, increases rapidly after the second year, and still constantly augments until the age of three and a half years.

Two diseases retard this change—rickets and hydrocephalus; the first by its influence upon the ossific process, the second by its mechanical action. The non-closure of the fontanelles at the usual time may be one of the first manifestations of rickets, and warn us of the approach of the disease.—*Boston Med. and Surg. Journal.*

## COMPARISON

### OF THE FATALITY OF SOME OF THE DISEASES OF LONDON NOW AND IN THE SEVENTEENTH CENTURY.

The Medical *Times and Gazette* copies the following from the report of the Registrar General: The diseases were not always distinguished accurately; but by putting them in groups any fallacy from this source will be obviated, and the decrease of some of the worst forms of mortal disease will be placed beyond doubt. To render the comparison easy, the number living is taken to be the same in two periods, 100,000 in 1660 and 1679 and in 1859. The annual deaths by small-pox were 357 in the first period, 42 in the second period; by measles 40 and 47 in the two periods. Medical science was imperfect, and the science existed in that century was very imperfectly applied. Croup and scarlatina were not generally recognized, but were confounded with measles and fever. The mortality by fever, continued or remittant, and ague was at the rate of 749 and 59 in the two periods; or including scarlatina, croup and quinsy, the mortality was 759 and 227. Thus a person was in four times as much danger of dying of these diseases at the Restoration as a person living in London now. Women are not yet entirely exempt from peril in child-bearing; the mortality of this disease is now 17, it was then 86. Again a

few (8) in 100,000 die now of dysentety; then out of the same number, 753 died annually of that disease. By diarrhœa, a milder form of disease, 11 died then, 120 die now; cholera was fatal in 1859 to 7, and in the 20 years (1660–79) to 130 annually. Syphilis was twice as fatal as it is, the numbers being 21 and 12. Scurvy and purpura bear testimony to the imperfect nutrition of the population; the annual deaths were then 142, and are now 2. Vegetables, fruit, and fresh meat, could with difficulty be procured in Winter. Worms, and all parasitic creatures that crawl over, bite, and prey on the body of man, were prevalent; 10 deaths were ascribed to worms. Dropsy, a result and sign of scurvy and fever, was exceedingly fatal; 298 died of that disease then, and 26 now. Apoplexy, paralysis, epilepsy, affections of the brain, and suicide, are more fatal now, according to the returns, than they were in the proportion of 57 then to 151 now. Consumption and diseases of the breathing organs were uncommonly fatal; 1079 then and 611 now are the figures of the mortality. Diseases of the digestive organs were fatal then and now in the proportion of 146 and 95. Stone and diseases of the urinary organs are not now as fatal as they were then; the deaths being 21 and 30. Children were rapidly cut down; of convulsions and teething, 1175 died then, 136—too many—now. —*Med. and Surg. Reporter.*

## ON THE VARIOUS FORMS OF VULVITIS.

BY DR. SIMPSON, PROFESSOR OF MIEWIFERY IN THE UNIVERSITY OF EDINBURGH.

The vulva is liable to other types of inflammation besides the simple inflammatory or phlegmonous, and also quite independently of any syphilitic origin. Various forms of eruptive inflammation are liable to appear in this part of the body, and particularly in some females at the menstrual period, and in others in consequence of the acridity of the discharges which may pass from the vagina at other times, and under states of internal disease. Thus, these parts are the occasional seat of attacks of erythema, eczema, &c. Herpes occasionally appears, generally after some constitutional disorder, on the external labia or vulva, of the same form and

running the same course as herpes labialis, or rather, as herpes preputialis in the male. Dr. Simpson has seen also very distinct herpes upon the cervix uteri. Various other forms of acute and inflammatory eruption may appear in these parts, but they require no special notice, as they require no treatment specially different from the same diseases when situated elsewhere. One of the most common varieties of eruption on the vulva consists of an affection like acne, *i. e.*, it consists of scattered tubercles, sometimes of considerable size, formed by inflammation of the follicles of the vulva and nymphæ. But there are some forms of specific inflammation, if we may so call them, of the vulva, some varieties of vulvitis, if we may so speak, which call more particularly for notice, such as palpillary vulvitis, purulent vulvitis, (which is liable to occur in infants) gangrenous vulvitis, or noma, &c.

1. *Papillary Vulvitis.*—This is a form of chronic inflammatory disease of the vulva which is fortunately not very frequently met with in practice, but when it does occur, it is usually accompanied with much distress, and is often very obstinate in the way of cure. By this term, papillary vulvitis, I mean a chronic inflammatory affection of the mucous membrane of the vulva, and sometimes of the vagina, in which that membrane presents an intensly red color, either in raised red patches on the edge of the lower vaginal folds, on the tips of the carunculæ mytiformes, or the nymphæ, or on the sides of the vulva, or more generally diffused over a large portion of the surface of the vulva. On these red patches or surfaces you find, on examination, the enlarged mucous papillæ standing out like the swollen villi of a raw and irritable tongue. Often some of the most elongated papillæ bleed at their tip when touched. Any rough pressure of the vulva gives pain to the patient. The disease may be found in the unmarried, but not frequently; it comes on after marriage, and produces such tenderness of the parts that sexual connection is attended with much suffering, or becomes impossible. Usually, indeed, there is a sort of spasmodic contraction of the orifice of the vagina aggravating the evil. Along with the red and enlarged papillæ you will sometimes, but not always, find intersperced the small follicular glands of the vulva, swollen and inflamed, and sometimes ulcerated.

*Treatment.*—Patients affected with this disease anxiously demand professional relief, as their happiness as well as their health is sometimes destroyed by it, and the treatment, as I have already hinted, is sometimes by no means easy. I have

known the diseased surface treated heroically and perseveringly with a repetition of strong caustics; but the simplest and surest mode of cure, according to my experience, consists in the continued use of local astringent measures, combined when necessary with sedatives, such as a strong solution or liniment of tannin frequently applied during the day, and with morphia or other sedatives added to it. Or you may dissolve your astringent in glycerine, and in this form it will remain more permanently in contact with the diseased surface. Latterly, I have trusted principally to the daily free application of a saturated solution of perchloride of iron in glycerine—an application producing little, or indeed no pain—and, I think, with the happiest effects. General tonics, warm bathing, &c., must not at the same time be forgotten.

2. *Purulent Vulvitis, or Leucorrhœa in Infants.*—This is a form of inflammation of the vulva which is by no means infrequent in female infants and children. It is, perhaps, however, more interesting and important in its medical jurisprudence relations than in its purely practical aspect; for, very often, especially when it occurs in patients of the lower orders, the disease is properly imagined, by the relatives and friends of those attacked, to be the result of venereal infection. The child is brought to a medical practitioner, under the idea that he will confirm this unhappy and dangerous notion. An excitable mother will, by threats and by suggestive and leading questions, get the frightened child to own some absurd and groundless tale, in confirmation of her maternal theory of the origin of the malady; and no doubt men have been repeatedly tried, and convicted, too, of imparting this disease to young children, by forced sexual connection, when they were totally innocent of such a crime, and when the affection had totally a different origin; for the purulent vulvitis, or leucorrhœa, seen in young female children, has, as a general rule, no more an impure sexual origin than has the inflammation of the eyes, throat or lungs. Like most other local inflammations, it usually arises first from some degree of deranged or impaired general health in the patient, and secondly from the patient, when in this, it may be quite temporarily, depressed condition, being exposed to cold and wet, or the other exciting causes of inflammation. Want of cleanliness, the irritation of acid urine, &c., sometimes act as a local exciting cause. Like angina, diphtherite, and some forms of catarrh and dysentery, this inflammation of the mucous membrane of the vulva, like those inflammations which I have named of the mucous, pulmonary, and intestinal mem-

brane, attacks more than one child in the same family, and may even prove partially endemic or epidemic in a district.

*Symptoms and Course.*—The disease usually begins with a local heat and itching; some degree of redness and swelling; pain and scalding in passing water, and sometimes uneasiness in walking; but for the first twelve or twenty-four hours, there is no discharge from the mucous membrane.—But you will seldom see the disease in this early stage. Almost always you are called upon to see or prescribe for the patient, because the affection has so far run on in its course, that there is already more or less discharge from the vulva. The discharge is, at first, of a thin mucous character, but rapidly becomes purulent and yellow, or yellowish-green in its tint. Occasionally the discharge becomes extremely profuse. It is apt to become thick and hardened along the outer edges of the external labia, binding these opposed edges slightly together by a kind of imperfect crescentic crust; but when the labiæ are drawn asunder, the whole surface of the vulva is found to be covered over by a layer of the liquid puriform secretion. The disease very rarely extends upwards into either the vaginal or urethral canals. Occasionally there is, at points, an appearance of vesicular or pustular eruption; and, indeed, some type of mucous eruption in the part would probably be discerned as a common, if not constant phenomenon, if we had an opportunity of searching for it early in the course of the disease. Sometimes, but by no means frequently, there supervene one or two spots of ulceration, especially towards the orifice of the vagina.

*Treatment.*—Acute infantile leucorrœa shows, like many other analagous ailments, a natural tendency to run throug a definite, and often not a very long course, and has a natural tendency to end in a spontaneous cure. But if not arrested, it sometimes ends in a chronic, protracted form of discharge; and our medical interference is required, not only to prevent this termination, but also to relieve the patient from the immediate distress and annoyance which the disease produces.

In the first stages of the affection you will often find your patient requiring some little constitutional treatment. A dose of calomel, or grey powder, with a few grains of some aperient alkali, as magnesia, is sometimes all that is necessary; but it may require to be repeated. If the discharge becomes protracted, chalybeates or other tonics may become necessary. Use, in short, your constitutional remedies here as elsewhere,

to bring the constitution and its principal functions as far as possible to the normal standard of health and cure the local disease by appropriate local applications.

In the earlier and more inflammatory periods of the disease, use locally to the vulva sedative applications; in the latter periods, and for the purpose of reducing and arresting the attendant discharge, use astringent applications. And you may employ these local applications in the form of lotions, or liniments, or ointments.

Frequent ablution with warm water, or warm milk and water, is one of the best and most soothing applications; and sitting in a warm cup-bath during micturition, is one of the surest means of relieving the pain and scalding attendant on the passage of the urine. A solution of acetate of lead and one grain of acetate of morphia to the ounce of water, makes a good sedative lotion where there is much local smarting and pain; or you may use a weak solution of boax, or of nitrate of silver. When sedative lotions are preferred, it is generally necessary to leave a slip of charpie, or lint, wetted with them, between the labia.

But I think you will find the local affection more manageable under sedative liniments; as by applying several times a day, with a brush or feather, cold cream, with, if you think fit, a little morphia added to it; or a liniment made of equal parts of olive oil and lime-water. Liniments are more lasting as local applications than lotions; and not so liable as ointments to fret or irritate.

But the time soon arrives when you must add local astringent remedies to the sedative, or substitute the former entirely for the latter. With this view, use tannin or sulphate of zinc, or aluminated iron, or any analogous astringent, in the form of a lotion or liniment; but take care not to use them of such strength that they prove irritant in their action, so as to force you back again, for a day or two, to the sedative treatment.

3. *Gangrenous Vulvitis or Norma.*—A variety of vulvitis seen sometimes, but fortunately very rarely, in practice, which generally begins with erythematous inflammation of the vulva, and the formation of one or two blisters or bullæ, and rapidly runs into one of gangrene and phagedæna. This gangrenous vulvitis has been seen in adults as a complication in particular epidemics of puerperal fever; and in infans it has been oberved either under an epidemic form, like epidemic gangrenous or malignant sore throat; or in isolated cases—most frequently as a sequela of scarlatina, measels, and other

debilitating forms of ferbrile disease—or as a result of some constitutional cachexia. The disease not unfrequently runs on to a fatal termination.

*Treatment.*—You will generally find your patient requiring early, or even from the first, stimulants and quinine. If these are not yet called for, trust to considerable doses of chlorate of potass; or of this and muriate of iron, every two or three hours. Apply poultices and sedatives locally in the early stages of the disease, at least. The progress of the gangrene has, it is said, been sometimes arrested, or appeared to be arrested, by the application of nitric acid, &c.

4. *Prurigenous Vulvitis.*—Not unfrequently a prurigenous eruption appears on the mucous membrane of the vulva, and extends up along the vagina as far as the cervix uteri. It extends also often, and is sometimes, indeed, originally situated on the cutaneous border of the vulva, and appears on the outer cutaneous surface of the labium, spreading backwards along the perineum to the circle of the anus. Occasionally, it is a flitting and transient affection, recurring with menstruation, pregnancy, or delivery. But patients will apply to you, from time to time, in whom the disease has become more chronic and fixed, having lasted for weeks, or months, or even years, producing almost constant irritation and distress; frequently interfering with rest and sleep, and rendering the victims of it miserable and almost deranged.—When the disease has become somewhat chronic, and necessitates the patient to attempt to alleviate it by constant and sometimes rough friction, you will find the mucous and even the cutaneous surface, at the most irritated parts, white and thickened with red fissures, and scratches appearing on the affected part. I have spoken of the disease as fundamentally prurigenous; and we can often see on the affected surface a small papular, and sometimes a vesicular, or even aphthous eruption; but cases ever and anon occur, of severe pruritus in these parts, without your being able to trace in them any distinct eruptive appearance.

*Treatment.*—Prurigenous disease of the vulva or neighborhood can be relieved, and generally cured, by the assiduous and persevering application of a solution of biborate of soda (five to ten grains to the ounce of water,) infusion of tobacco, either alone or containing a small quantity of borax dissolved in it, or an ointment of iodide of lead (one drachm to the ounce,) or an ointment of bismuth and morphi. Cloroform also applied locally, in the form of vapor, liniment, or ointment, forms one of the most certain means which you

can use. The simplest way of employing it is, by adding a drachm of clorofarm to an ounce of any common or sedative ointment or linament. You will find great advantage in the management of the disease, in alternating some of these local applications with each other, for most of them begin to lose their good effects when persevered in above a few days consecutively. In the more obstinate and severe cases, strong astringents are sometimes of the greatest use, employed either alone or with the sedatives, as a very strong solution or ointment of alum or aluminated iron or tannin; or the powder of these substances mixed up with some powdered morphia, and applied continuously, for a few days, to the irritated part. Several times, in very obstinate cases, and where the disease was limited to a portion or circle of the cutaneous tissues, I have temporarily separated the affected portion of skin by a free subcutaneous incision, with a tenotomy knife. Of course, it leaves no wound, except by the entrance of the knife itself. I have found this operation perfectly and entirely successful in some cases, and only of temporary benefit in others.

Perhaps it is unnecessary to add that the general health of the patient must be fully attended to, and that sometimes arsenic, aqua potassæ, and other alternative medicines of that description, are required.—*Medical Times and Gazette*, April 16, 1859.

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☞ The Iowa State Medical Society will hold its next Annual Meeting in the City of Dubuque, on the second Wednesday of May next. All Physicians and Surgeons in good standing, residing within the State, who are authorized to practice Medicine and Surgery by any Medical College qualified to grant Diplomas, and acknowledged by the American Medical Association as such, are eligible to be elected as Members of the State Society.

All members of the profession in the State who come within the above requirements, are invited to meet and become connected with the Association in conformity with its code of Regulations.

A. PHILLIPS,
*Sec'y Iowa State Med. Society.*

*Dubuque, March*, 30, 1860.

# ANNOUNCEMENT OF

# Rush Medical College.

THE EIGHTEENTH ANNUAL COURSE OF LECTURES, being the Session of 1860-1861, will commence on Monday, the 5th of November, 1860, and continue sixteen weeks.

It is very desirable that every Student should be present on the first day of the Session, that he may have the instruction in each department in its completeness and natural order, there being but one general introductory, which will be given the first day of the Course.

The Dissecting Rooms are very complete in their arrangement, and the supply of material is such as to furnish the most ample opportunity for the acquisition of Anatomical Knowledge. They will be opened, and Clinical Lectures in the Hospital commenced on the first Tuesday of October, and will be regularly attended from that time to the end of the College Term.

A Preparatory Course during October, will be give at the College, without additional charge.

## FEES.

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|---|---|
| Lecture Fees, $5,00 per Ticket, | $40 00 |
| Dissecting Ticket, | 5 00 |
| Hospital Tickets (each $5) | 5 00 |
| Matriculation Fee (paid once,) | 5 00 |
| Graduation Fee, | 20 00 |

The Lecture Fees must be paid in *advance* by all, except those who have previously attended two full courses, one of which has been in this Institution.

Good board, with rooms, and all the accommodations, can be obtained in this city, from $3,00 to $3,50 per week.

The Alumni of this Institution, and the graduates of other respectable Colleges, will be permitted to attend the whole or any part of the Courses of Lectures, by calling on the Secretary and procuring the Matriculation Ticket.

A good assortment of Medical Books and Surgical Instruments can always be found in this city.

Any further information in reference to the College may be obtained by addressing any member of the Faculty.

The means of Clinical teaching are abundant. A Medical and Surgical *Clinique* will be held weekly at the College, Students will have access to the Marine Hospital, and regular instruction will be given for nine months of the year in the City Hospital.

## FACULTY.

DANIEL BRAINARD, M. D.,
Professor of Surgery and Clinical Surgery.

JAMES V. Z. BLANEY, M. D.,
Professor of Chemistry and Pharmacy.

J. ADAMS ALLEN, M. D.,
Professor of Principles and Practice of Medicine.

J. W. FREER, M. D.,
Professor of Surgical and Microscopic Anatomy.

DE LASKIE MILLER, M. D.,
Professor of Obstetrics and Diseases of Women and Children.

A. S. HUDSON, M. D,
Professor of Physiology, Pathology and Clinical Medicine.

W. B. HERRICK, M. D.,
Emeritus Professor of Physiology and Pathology.

EPHRAIM INGALS, M. D.,
Professor of Materia Medica, and Medical Jurisprudence.

R. L. REA, M. D.,
Professor of Anatomy.

EDWIN POWELL, M. D.,
Demonstrator of Anatomy.

CHARLES KEIL, Janitor.